Portman Healthcare Limited

PSB Dental Care - Sheffield

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of PSB Dental Care on the 29 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

PSB Dental Care provides dental services to private patients. The service is provided by six associate dentists who are supported by 11 dual role dental nurses/ receptionists, a practice manager and two dental hygienists. The practice is located on the first floor of a modern multi-purpose business premises. There are four surgeries, a large reception area and two waiting rooms, with a patient toilet available. The practice is located centrally within Sheffield city centre close to local amenities and bus services. Opening hours are Monday to Friday 8.45am to 5.15pm.

One of the associate dentists 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.

On the day of inspection we spoke with four patients who used the service and reviewed 10 CQC comment cards that had been completed by patients on the day of the inspection. The patients we spoke with were very positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, helpful, professional, caring and they were always treated with dignity and respect.

Our key findings were:

Summary of findings

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles.
- Information of care and treatment options and support was available to patients, for example information of the cost of treatment.
- Patients told us they 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 commented they were always involved in their treatment and that it was fully explained to them.
- 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 they felt very supported and comfortable to raise concerns or make suggestions.

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

- Ensure the flooring is coved in the treatment rooms.
- Ensure the emergency drugs are accessible to staff but not unauthorised persons.
- Ensure audit results were fully recorded.
- Ensure staff receive annual appraisals.
- Ensure the Control of Substances Hazardous to Health COSHH file is up to date.
- Ensure any consent discussed with patients in line with the Mental Capacity Act (MCA) 2005 is recorded in patients care records.

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and they discussed the learning from them at practice meetings. We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately to improve safety. Patients were invited to discuss something that had gone wrong with their care, given an apology and informed of actions taken as a result.

The practice had systems to assess and manage risks to patients, including for infection prevention and control, recruitment, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. There were clear guidelines regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Are services effective?

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

Patients' care and treatment was planned and delivered in line with evidence based guidelines, for example the National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the care and treatment they received. The practice kept detailed dental care records of treatment carried out and monitored any changes in the patient's medical and oral health.

Records showed patients were given health promotion advice appropriate to their individual oral health needs. Information was available to help patients understand the care and treatment options, such as treatment costs. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Patients told us they were supported to make decisions about their treatment.

Staff were supported to deliver effective care through training, peer support, practice manager meetings and practice meetings. The clinical staff were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 10 CQC comment cards patients had completed on the day of the inspection and spoke with four patients. Patients spoke highly of the care they received from the practice. They commented they were treated with compassion, kindness, respect and dignity while they received treatment.

Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed.

Summary of findings

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. The practice manager told us that although there were no allocated emergency slots, they always prioritised seeing patients who required emergency care. Patients commented they could access treatment for urgent and emergency care when required and were always seen within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how they managed complaints, for example patients were given an apology if an error was made.

Are services well-led?

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

There were systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice had an on-going patient survey and reviewed comments from the patient suggestion box to gain feedback from patients using the service. Practice meetings were held to support communication about the quality and safety of the service. We viewed the minutes of the meetings which showed that governance was discussed openly and poor practice was challenged.

PSB Dental Care - Sheffield

Detailed findings

Background to this inspection

We inspected PSB Dental Care on the 29 June 2015. The inspection team consisted of a lead inspector and a specialist advisor.

We reviewed a range of information we held about the service for example PSB Dental Care website and notifications.

The methods that were used, for example talking to people using the service, interviewing staff, observations and review of documents.

During the inspection we toured the premises and spoke with two dentists, one dental nurse/receptionist, the practice manager and a compliance facilitator.

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. We saw evidence that they were documented, investigated and reflected upon by the dental practice. The practice manager informed us that all incidents were monitored by the health and safety manager at head office. People who used service were told when they are affected by something that went wrong, given an apology and informed of any actions taken as a result. The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

The practice responded to patient safety alerts issued from the Medicines and Healthcare products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. One associate dentist was the safeguarding lead professional in the practice and they had undertaken level three safeguarding training. All staff had undertaken safeguarding training and were scheduled to undertake refresher training. The associate dentist discussed how the practice worked collaboratively with the appropriate authorities. The practice had made referrals to the local safeguarding team and were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the managers.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Rubber dam (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and to protect the airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patient records were accurate, complete, legible, up to date and stored securely to keep people safe and safeguard them from abuse.

Medical emergencies

The practice had a medical emergencies policy which provided staff with 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). Staff had received annual cardiopulmonary resuscitation (CPR) training so they could identify and respond to medical emergencies. There were two nominated first aiders who had received additional training to support them in this role. The practice had access to emergency resuscitation kits, oxygen and emergency medicines. The emergency medicines were accessible to staff, however they were not stored securely to prevent access from unauthorised people. The practice manager agreed that they would be relocated. The practice had an automated 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed appropriate checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice had a policy for the safe recruitment of staff. This included, disclosure and barring service (DBS checks), occupational health checks, professional registration, references, employment contracts and the immunisation status for staff. We saw evidence of this in four staff files. The practice had a system in place for monitoring professional registration and medical indemnity.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The health and safety manager carried out a health and safety check in April 2015 to assess risks to safety. 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 for fire, sharps and exposure to radiation. The assessments included the risks identified and actions taken. We saw evidence that all staff received annual health and safety training.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including product safety information and risk assessments for all products used. We saw the practice were overdue on the annual review. The practice manager confirmed a review would be undertaken. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included key contact numbers.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, personal protective equipment (PPE), managing waste products and decontamination guidance. 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'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

Staff received annual training infection prevention and control. We saw evidence staff were immunised against blood borne viruses such as Hepatitis B to ensure the safety of patients and staff.

We observed the decontamination room to be clean and hygienic. Work surfaces were free from clutter. We found the flooring was not coved (it was sealed) in all four treatment rooms to prevent the accumulation of dust and dirt in the crevices. The practice manager told us this would be included in the practice's refurbishment plan. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of PPE for patients and staff members. Patients we spoke with confirmed staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were displayed in treatment rooms to support staff in following practice procedures. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

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

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice had a dedicated central sterilising unit (CSU) to process non-disposable instruments away from clinical treatment areas. They used ultra-sonic baths to clean the used instruments prior to sterilisation, then examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit every six months relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a

term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included flushing the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as autoclaves, pressure vessel, steam sterilisers and compressors. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). We saw evidence of validation of autoclaves and ultra-sonic cleaners.

The practice had systems in place regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice.

Prescription details were stored on the patient's clinical records to ensure safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested. A radiation protection supervisor had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

We saw monthly X-ray audits were undertaken. We viewed the most recent X-ray audit undertaken in June 2015. We found the percentages for the grades and corrective action had not been documented. This means that it is impossible to ensure that patients were not being subjected to further unnecessary X-rays. The practice manager confirmed this would be completed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic 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 National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed with the dentists the information recorded in five patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of oral cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated verbally by each patient every time they attended for treatment; and a new check was undertaken every two years. This was entered in to the patient's electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) for radiography patients. Justification for the taking of an X-ray, grading and findings were recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs and lifestyle such as smoking cessation, alcohol consumption or dietary advice. The practice had access and made referrals to the smoking cessation service which was located on the ground floor of the building next door. There were health promotion leaflets available in the practice to support patients to look after their general health.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled patients, depending on social and dental history. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. 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 required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development.

Mandatory training included basic life support, safeguarding, health and safety and infection prevention and control. Records showed staff had completed this in the last 12 months. The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. The practice provided conscious sedation (this is an anaesthetic to prevent pain during a medical or dental procedure) and had an appropriate nurse to dentist ratio for this.

Staff told us the manager and the dentists were readily available to speak to at all times for support and advice. Staff had access to policies and procedures which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff had not received annual appraisals. However, staff told us they felt supported in their roles and had access to training. The practice manager confirmed all staff would receive an appraisal in November 2015.

Working with other services

The practice worked with other professionals internally and externally in the care of their patients where this was in the best interest of the patient. For example, referrals were made to either the hygienist or orthodontist for further investigations or specialist treatment. The referrals were specific, detailed and included the treatment and advice to

Are services effective?

(for example, treatment is effective)

be provided. Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice also received referrals from other practices. Patients referred to PSB Dental Care were asked to complete new patient documentation and a medical history form.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff had received training in consent and were very knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists we spoke with were much attuned to whether a patient fully understood their treatment. They described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. The dentists told us they would extend appointment times to allow enough time to explain the treatment using different forms of media, such as leaflets or pictures. The practice was clearly following the Mental Capacity Act (MCA) 2005 guidelines, however they were not always recording the information in the patient's records. The dentists we spoke with confirmed this would be documented.

Staff had undertaken MCA training and they had an understanding of the principles of the MCA and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. Patients we spoke with confirmed they were supported to make decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 10 CQC comment cards patients had completed on the day of the inspection and we spoke with four patients. Patients told us the staff were very caring and they were always treated with kindness, dignity and respect whilst they received care and treatment. Staff we spoke with recognised the importance of providing patients with privacy, compassion and empathy. We observed positive interactions in the reception area and saw staff treated patients with kindness, warmth and respect. Staff showed they had a good relationship with patients, we heard shared laughter and staff were tactile in a professional and courteous manner. Staff could also provide examples of how they supported patients to cope emotionally with their care and treatment in a timely and appropriate manner.

The waiting area was spacious and the reception desk allowed for patient privacy. Staff told us there was a quiet area available if patients wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception. The practice also had a radio playing to provide some background noise to support patient confidentiality.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt very involved in their treatment and it was fully explained to them. 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. Patients were also informed of the range of treatments available. The practice listed the costs of treatment in a patient information brochure and on its website.

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 was located on the first floor of a shared building, therefore some patients with mobility difficulties may not be able to access the service. The practice had made reasonable adjustments to support patients with limited mobility, for example staff were always available to support patients. We observed staff assisting patients to the treatment rooms.

We found the practice had an efficient appointment system in place to respond to patients' needs. This was supported by a telephone reminder service. The practice manager told us although there were no allocated emergency slots, they always prioritised seeing patients who required emergency care. For example, dentists would see patients during the lunchtime period when the surgery was closed. One patient we spoke with confirmed this. The practice manager told us appointment times were overbooked and the system gave them sufficient time to meet patients' needs. Patients we spoke with confirmed they had sufficient time during their appointment and didn't feel rushed. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us the practice was providing a service that was above and beyond their expectations. The practice offered patients a choice of dentist and treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient suggestion box and patient survey to voice any positive feedback, concerns and needs.

Tackling inequity and promoting equality

The practice had equality, diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. The practice manager told us they had undertaken a patient access audit in April 2015 and one action identified included having an audio loop system for patients with a hearing impairment.

Patients told us they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

Access to the service

The practice displayed its opening hours in the patient information brochure and on the practice website. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

When treatment was urgent patients would be seen within 24 hours or sooner if possible. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. Patients were signposted on the telephone answer machine to an out of hours service the practice had contracted with. The company would triage the calls to an on call dentist to provide advice.

Concerns & complaints

The practice had an effective system in place for handling verbal and written compliments, complaints and concerns. Information for patients about how to complain was available in the reception area. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The policy included contact details of external organisations that patients could contact if they were not satisfied with the registered provider's response to a complaint. Patients we spoke with told us they had no complaints about the service. We saw the practice had received many compliments and patient testimonials were very positive on the practice website. Patients commented that they would highly recommend the service.

We looked at two complaints received in the last 12 months. We found that they had been recorded and investigated and the complainant responded to in a timely manner. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from these records and the practice policy the practice had been open and transparent and where action was required it had taken place.

Are services well-led?

Our findings

Governance arrangements

The practice had effective governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks for example fire, exposure to radiation and X-ray equipment. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of clinical records, sedation, radiography, emergency drugs, infection control, contracted cleaning and hand hygiene. Where areas for improvement had been identified action had been taken. There were a range of policies and procedures in use at the practice. The practice held monthly meetings involving all staff where governance was discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff we spoke with told us they felt highly supported and were clear about their roles and responsibilities and had delegated lead roles. The practice was looking at introducing a lead nurse and lead receptionist to provide additional support to the staff. The practice manager told us they were supported by head office and had fortnightly visits from the area manager.

Care and treatment records were kept electronically/paper and we found them to be complete, legible, accurate and kept secure.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the two complaints and also the compliments received in the last 12 months and the actions that had been taken as a result. Staff told us the dentists and practice manager were approachable and supportive. The induction programme reflected the values and objectives of the organisation.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident the practice worked well as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us the practice manager and dentists were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year, this included information governance, first aid, life support, oxygen therapy and defibrillator use and health and safety. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and complaints. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as emergency drugs, X-rays, and audits of infection control and cleaning rotas. We looked at the audits and saw actions had been taken to resolve concerns. Staff provided us with examples of how this had let to improvements at the practice.

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

Patients and staff we spoke with told us they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including carrying out on-going patient surveys. Patients could access the survey either by paper format or by digital format using an iPad provided at the practice. We viewed completed patient survey results which showed a high level of satisfaction with the quality of the survey provided. Staff we spoke with provided us with examples of how the survey results had led to improvements in patient care or the patient experience. The results of the surveys were discussed at practice meetings to revise performance at the practice to improve the patient experience.