

Rodericks Limited

Beaumont House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

The practice opened in September 2010 and is situated on a small industrial estate in the Beaumont Leys area of Leicester. It is a large modern practice on two floors with two treatment rooms, a decontamination room, and two patient waiting areas, one at reception and one on the first floor at the top of the stairs. There is also a staff room, staff offices and an oral health care room. There is free parking outside the practice where disabled parking is also available. There is access from the car park up a ramp and there is a portable ramp that is put in place for patients using wheelchairs and those with limited mobility. A treatment room is available for patients that are unable to access the first floor. Services provided include general dentistry, dental hygiene and cosmetic dentistry.

There are three dentists, one dental hygienist, four dental nurses, including two trainees and a practice manager. The dental nurses also cover reception duties.

Summary of findings

The practice provides both NHS and private dental treatment to both adults and to children. The practice is open Monday to Friday from 8am to 6pm, Wednesday until 7pm and Saturday morning 9am to 1pm.

The area manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 50 patients about the services provided. The vast majority of the feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy; they found the staff offered a friendly and polite service and were helpful and caring. They said explanations were clear and that they were always informed of what was happening which made the dental experience as comfortable as possible. However there were a minority of comments whilst reflecting positive experience also mentioned that at times they had waited up to 30 minutes or more for their appointment.

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

Our key findings were:

- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Governance systems were effective although policies and procedures were not all dated

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents and significant events.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place, followed published national guidance and staff had been trained to use the equipment in the decontamination process. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates.

Are services effective?

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

Patients received an assessment of their dental care needs including the taking of their medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff were supported through training and opportunities for development. There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. Staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. Staff were aware of the need for valid consent, and patient records reflected this.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care, and were able to express their views and opinions. We saw that treatment was clearly explained and patients were provided with treatment plans. Patients with urgent dental needs or pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

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

The practice was purpose built and well equipped. The waiting room was spacious and comfortable. The practice was accessible to patients with a portable ramp for patients that were of limited mobility or in a wheelchair.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room.

Summary of findings

The practice had a complaints policy and procedure, and patients' complaints were treated seriously and addressed.

Are services well-led?

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

The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients' views and comments were sought and acted upon to make improvements and address issues.

Beaumont House Dental Practice

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 26 November 2015 and was conducted by a CQC inspector and a specialist dental advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. The practice had sent an email to patients prior to our visit which included a link to the Care Quality Commission share your experience form and 34 patients had completed this.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from incidents and complaints.

Serious incidents were recorded on an incident form with a copy for the local area team to have an oversight of all incidents from practices in the area. There was an accident book where staff recorded incidents such as needle stick injuries. The last incident recorded in the accident book was a needle stick injury in October 2015. The needle stick injury process was followed by the staff member involved who had also produced some reflective learning in relation to this accident. All incidents were graded as set out in the incident policy and were assessed as to the consequence and likelihood. Staff were encouraged to bring safety issues to the attention of the management. The practice had a no blame culture and policies were in place to support this.

From information reviewed during the inspection we saw that the practice had received one complaint during the last 12 months which had been investigated and shared at a practice meeting with all staff. The practice acknowledged the complaint and apologised to the patient for how they had felt. Following investigation the practice telephoned the patient with a response which was followed up by a letter.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and knew who to contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that staff at the practice had completed safeguarding training on line in safeguarding adults and children. The practice manager was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, NHS England or the Care Quality Commission if they were not able to go directly to their line manager or area manager. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The practice had an up to date Employers liability insurance certificate which was due for renewal November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Discussions with dentists and examination of patients' dental care records identified the dentists were using a rubber dam when completing root canal treatments in line with best practice guidelines from the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff other than one which was booked for December 2015 had received basic life support training including the use of the defibrillator (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). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (severe allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded and seen.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications,

Are services safe?

registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff had received a Disclosure and Barring Service check.

The practice had a formal induction system for new staff which was documented within the staff files that we checked.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a rota system was in place to ensure that where absences occurred, they would cover for their colleagues. The practice did not use agency or locum staff.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice which had been reviewed in January 2015. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, legionella policy and sharps policy. The practice had a current Legionella risk assessment in place which was due to be reviewed November 2017. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Actions identified from this such as Legionella training had been completed.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and we saw records that confirmed these checks were completed weekly. All staff had been trained in fire safety in March 2015.

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. Staff we spoke with said that they would contact the practice manager if anything happened.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly

described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice employed contract cleaners to clean the public areas of the practice such as the waiting room and reception area. Dental nurses had set responsibilities for cleaning and infection control in each individual surgery. The practice had systems for testing and auditing the infection control procedures. The last audit had taken place in May 2015 and was scheduled to be undertaken again the week after our inspection.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The health and safety executive (HSE) had issued guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013.' We found that the management of sharps within the practice followed this guidance. The practice had a clinical waste contract in place and waste matter was stored outside in a locked area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that 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. We found good access from all treatment rooms to the decontamination room and it ensured a hygienic environment was maintained. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury. These included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice

Are services safe?

policy. Guidance and instructions were on display for reference. The practice used a system of manual scrubbing as part of the initial cleaning process there was no ultrasonic bath or washer disinfectant been used. Instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two steam autoclaves in use. This was designed to sterilise non wrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with a date of sterilisation and an expiry date. We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a Legionella risk assessment in place and legionella policy. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

Records we viewed showed that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT)

had taken place on all electrical equipment and staff completed additional checks to this on all equipment at regular intervals. Fire extinguishers were checked and serviced regularly by an external company in November 2015 and staff had been trained in the use of equipment and evacuation procedures.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were kept for evidential and audit purposes.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. The patient dental care record contained all the relevant detail and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients with a high risk of dental decay. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures. The patients dental care records were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

We received feedback from 50 patients. Feedback we received reflected that mostly patients were satisfied for example with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice. The practice promoted 'Smiles week' at the end of September. The staff attended local schools and took samples of toothbrushes and toothpaste to give out to children. Games were set up for the children to inform them how to brush their teeth and how long to brush them for.

Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults. The practice had an oral health room which had 2 sinks, one for adults and one lower suitable for children or patients that were in wheelchairs. There were staff members trained to

talk to patients about oral health and this area was used to be able to show patients how to clean their teeth correctly. Staff also advised patients on the impact of tobacco and alcohol consumption on oral health. Referrals were made for smoking cessation and weight management. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours individuals had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. Staff had received training in the safeguarding of children and vulnerable adults. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance. We saw that staff had annual appraisals and that new staff an appraisal after three months, six months and then annually. Staff confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. They told us that the management team and dentists were supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way and followed NICE Guidelines criteria were appropriate. Referrals were logged and monitored to ensure that patients received their referrals.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and consent forms

Are services effective?

(for example, treatment is effective)

which were signed by the patient. One dentist we spoke with was also aware of and understood the assessment of Gillick competency in young persons. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions however not all dental staff were aware of this.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included

information regarding those who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and staff that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The main reception area was open plan but we were told by staff members that they considered conversations held at the reception area when other patients were present. Staff members we spoke with told us that they never asked patients questions related to personal information at reception and that there was always an available room that they could take patients to if necessary.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling

of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of locking computers and the importance of not disclosing information to anyone other than the patient.

Patients told us that they felt that practice staff were polite and friendly and that they were treated with dignity and respect and were helpful. They also told us that staff were always welcoming and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how they were given good explanations and advice relating to treatments and they were clearly explained. Patients also commented that staff were reassuring to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information displayed in the waiting area described the range of services offered to patients, the complaints procedure, safeguarding information and information about patient confidentiality.

The practice had an appointment system which patients said met their needs. Where treatment was urgent patients would be seen the same day if possible. The practice leaflet gave details of the arrangements for urgent treatment.

Appointment times and availability met the needs of patients. Many of the patients seen at the practice were people of working age and older people. To accommodate the needs of these patients the practice opened late on a Tuesday until 7:00 pm, and alternate Saturday mornings from 9am to 1pm. Urgent care treatment to relieve severe pain or prevent a condition deteriorating was available daily between 8:30am and 10:30am, 1:30pm and 3:30pm and on a Saturday from 10am to 12pm.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. A disability access audit had taken place in May 2015 at the practice. The car park at the front of the building had designated spaces for the patients and the parking spaces at the front of the practice were reserved for those with a disability, however the spaces were not marked as such. We spoke with the area manager in relation to this and they agreed that a sign or some markings would be put in place to highlight that they were disabled spaces. There was a ramp from the car park area onto the pavement and a sign on the door with a bell for patients that needed assistance as there was a step up to the door. We saw a patient arrive that was using a wheelchair and saw that the receptionist came out and put a ramp up for the patient so that they could access the practice easily. Some of the patient treatment areas were

on the first floor however there was always a treatment room on the ground floor for those patients that needed this. There was an assisted toilet, accessible to patients which had a pull cord that sounded an alarm at reception.

The practice were able to use an interpreting service, both via the telephone and by booking interpreters in advance if necessary for any non-English speaking patients. The practice did not have a hearing loop.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were very happy with the availability of routine and emergency appointments.

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the practice leaflet. Access for urgent treatment outside of opening hours was usually through the NHS 111 telephone line.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area and in the practice leaflet. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been one complaint made within the last 12 months and actions had been taken which resolved these which we saw had been discussed and reviewed with practice staff in the monthly meeting. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

Clinical audits had taken place such as radiography and infection control to monitor and improve the quality of care provided and these were cascaded to other staff and discussed at practice meetings. Audits completed were discussed at practice meetings.

There was a full range of policies and procedures in use at the practice. We saw that most policies and procedures were kept under review. However for some policies dates were missing from the documents. As a result we could not say how up-to-date those policies were. We discussed this with the area manager who told us the policies were updated and reviewed when required by the clinical director of Rodericks. When any changes were made these policies would be forwarded to the area managers who would then disseminate to the practice managers via email. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists or the management team if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the managers and dentists would listen to their concerns and act appropriately. We were told that 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

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these.

Practice meetings were held monthly and were minuted. We saw that there were standing agenda items for example, safeguarding, whistleblowing, complaints, cross infection and health and safety. Staff we spoke with told us that the items were always discussed and they would also use the time to remind staff of processes to follow.

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

Staff told us that patients could give feedback at any time they visited. Feedback could be given in a variety of ways such as via the practice website, Friends and family test, NHS choices and a practice survey entitled the patient smile questionnaire.

The practice had systems in place to review the feedback from patients including those who had cause to complain. All complaints and feedback received was discussed at the next monthly practice meeting to review and analyse the complaints and then learn from them if relevant, acting on feedback when appropriate. Recent feedback from patients was that they wanted clear information in the waiting area. The practice had discussed this at a practice meeting and following that had put all policies and patient information into clear frames on the wall in one area in the waiting area. The practice also put information into a folder for patients to access in the waiting area, for example price lists and complaints information.

The practice held regular staff meetings each month in addition the practice also had weekly 'team talks' which were ten minute meetings so that any issues could be discussed rather than waiting for the next meeting. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.