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Roger Gott & Associates - Somercotes House

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 March 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

Roger Gott Associates is a dental practice situated in the small village of North Somercotes. It provides services to the whole community. This includes NHS work and those paying privately for treatment. This dentist has been in the village for over 40 years. The practice is situated in part of Somercotes House which is the owners home of which part has been converted into a dental practice from a previous GP surgery. Roger Gott Associates has three part time dentists covering the practice. The practice has a reception area, a waiting area and a treatment room, with staff the office and decontamination room upstairs which is not accessible to the public. The building is accessed at the side door of the building with steps however the practice have a portable ramp for their patients using wheelchairs or those with push chairs or limited mobility.

There are three dentists (two associates) that work part time alongside one full time dental nurse and three part time reception/administrative staff.

The principal dentist is the owner and registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are

Summary of findings

'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.

The practice provides NHS and private dental treatment to adults and children. The practice is open Monday to Friday from 8.45am and closes at 5.30pm other than Tuesday and Wednesday when it closes at 12.30pm. The practice also closes for lunch daily at 12.30pm until 2pm. Reception cover is provided daily until 5.30pm.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 49 patients about the services provided. The feedback reflected highly positive comments about the staff and the services provided. Patients commented that the practice was always clean and tidy and that it was safe and hygienic. They said that they found the staff offered an efficient and professional service. They said that staff were polite, helpful and kind. Patients said that explanations about their treatment were clear and that they were given time to ask questions and all options were fully explained. Feedback in relation to patients who were nervous said that staff were reassuring and understanding and that they were made to feel at ease.

Our key findings were:

- There was a process in place for reporting and learning from incidents, accidents and near misses.
- 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.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Governance systems were effective and policies and procedures were in place to provide and manage the service however these had not been reviewed and therefore it was not clear if they were current and up to date.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns although contact numbers for safeguarding teams needed updating.
- All staff were clear of their roles and responsibilities.
- Feedback from patients was positive.

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

- Review safeguarding information to check that contact details are relevant and up to date.
- Review policies and procedures to ensure that they are relevant and up to date. Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.

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 incidents.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse. Staff were aware of the external reporting process and who was the safeguarding lead for the practice. The telephone numbers that were on the contact list for safeguarding were out of date and needed to be reviewed.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had carried out infection control audits which we were told were six monthly in line with national guidance however the audits that we saw had not been dated.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them.

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. The reception staff followed up referrals by telephone to ensure that they had been received.

Some 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. The provider was aware of the assessment of Gillick competency in young patients and there was a policy in place for this. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

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 wholly positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said that they found the staff offered an efficient and professional service. They said that staff were polite, helpful and kind. Patients said that explanations about their treatment were clear and that they were given time to ask questions and all options were fully explained. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients of this practice being seen within 24 hours if necessary.

Are services responsive to people's needs?

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

Summary of findings

The practice was well equipped. The practice was accessible for people that used a wheelchair or those patients with limited mobility with a portable ramp that would be put down by reception staff who noted on patient records who would be in need of this. Once inside the practice the treatment room was accessible.

The practice did not have a toilet that was fully accessible for those in a wheelchair due to size restrictions of the practice however there were public toilets next to the practice that included disabled facilities.

The practice had surveyed the patients in 2015 and the practice took part in the NHS friends and family test where patients could indicate the likelihood of them recommending the practice to friends and family.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. Appraisals had taken place however development needs were not identified. We spoke with the staff and who said they were supported and that if they required any additional training or skills they would speak to the provider.

The team were a close knit group with discussions on an informal basis as they arose rather than waiting for a staff meeting. All the staff commented how happy they were in their roles and how they felt supported and valued.

We saw that practice meetings were held and that these were minuted.

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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 8 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the provider, a dentist, a dental nurse and three reception staff and reviewed policies, procedures and other documents. We reviewed 49 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke with one patient.

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 procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from incidents and accidents. The practice had a book that held information of events that had occurred at the practice since 2009 including near misses. These identified actions and learning that were taken to prevent reoccurrence and congratulated staff where things had gone well.

There was an accident book where staff would record accidents such as needle stick injuries. There had been no accidents reported. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the provider if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had not received any complaints. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

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 were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. The practice had contact numbers held at reception and in policies and procedures but some of these telephone numbers were out of date. The policy had not been reviewed since 2010. We spoke to the provider about this who said they would make sure they updated these and checked all the contact details. Staff were able to demonstrate that they understood the different forms of abuse. From records viewed we saw that staff at the practice had completed safeguarding training in safeguarding adults and children applicable to their roles. The provider 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 or the Care Quality Commission if they were not able to go directly to the provider. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

We spoke to the provider about root canal treatment and we were told that it was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

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

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates were monitored by the practice using a monthly check sheet. We saw that the equipment including the oxygen and AED were also checked daily and there were records to confirm this. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen were all in date and stored in a central location known to all staff. Some of the medication was on a repeat order and when it came to the expiry dates replacements were automatically received. Staff had been trained in basic life support however this was due to be renewed and the practice was waiting for a date for the training.

Staff recruitment

The clinical staff had current registrations with the General Dental Council, the dental professionals' regulatory body. The practice did not have a recruitment policy which

Are services safe?

described the process when employing new staff. The staff that were employed had worked for the provider for a number of years, some over 30 years and other newer staff had been employed by the provider at a previous location. As the provider knew the staff references had not been recorded neither verbal or written. There was no proof of their identity however the provider had checked their skills and qualifications and registration with professional bodies where relevant. We saw that all clinical staff members had a Disclosure and Barring Service (DBS) check in place. These are checks to 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.

We spoke to the provider about the lack of a recruitment policy and we were told that they would implement one for future appointments in line with the information required by Regulation 18, Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies including a well-maintained Control of Substances Hazardous to Health (COSHH) file. The practice had carried out risk assessments including fire safety, health and safety and legionella. The health and safety risk assessment had been completed in 2011 and had not been reviewed since then. We spoke with the provider who told us that there had been no changes but they would review the assessment accordingly.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as the fire alarm were regularly tested. The fire equipment was checked by an external company and last checked in October 2015. The practice also carried out regular fire drills for staff.

The practice had a system where policies and procedures were in place to manage risks at the practice. 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 did not include any contact details although telephone numbers were recorded in a diary at reception. The practice had two practices within the area that could be accessed by their patients in case of emergency.

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. One of the reception staff was also the practice cleaner and was responsible for the general cleaning of the practice. The dental nurse was responsible for cleaning and infection control in the treatment room. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures however we were unsure of the date of the last audit as it was not dated. We were told that the last audit was completed within the last three months.

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 treatment rooms and the decontamination room.

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 instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely 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

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according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Staff members were mainly using the treatment room for decontamination. The decontamination room upstairs was new and purpose made but was only used for part of the process at present. There were 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 which 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's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurse was knowledgeable about the decontamination process and demonstrated they followed the correct procedures. All the equipment used in the decontamination process had been regularly serviced and maintained 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.

Files reflected staff members' Hepatitis B status. 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.

Equipment and medicines

Equipment checks had been completed where relevant and service agreements were in place where required. Portable appliance testing had been carried out in August 2015 and was done annually by a qualified engineer. The batch numbers and expiry dates for local anaesthetics were recorded in a log and expiry dates were checked. These medicines were stored securely for the protection of patients.

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 located in the rooms 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 patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance details for this equipment was completed at the recommended intervals.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The provider 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 provider used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease. The risk factors which the dentist took into account were dental decay, gum disease and tooth wear. These risk factors were documented and also discussed with the patient.

During the course of our inspection we discussed general patient care with the provider and dental nurse and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth 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 by each patient every time they attended for treatment and entered in to their 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 FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that clinical staff had given oral

health advice to patients. The waiting area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of three part time dentists and a full time dental nurse. The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake 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. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff said they were supported in their learning and development and to maintain their professional registration.

The practice had procedures for appraising staff performance. We saw that appraisals were completed annually however the development of some staff was not always looked at or required. We observed a friendly atmosphere at the practice. Staff told us that the provider was 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. Letters would be sent and referrals would be followed up by the receptionist. This was done from memory rather than having a formal process in place. The reception staff that we spoke with thought it would be a good idea to have referrals recorded so that anyone could follow them through rather than the receptionist remembering.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 verbal consent was received and recorded. The provider was also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' 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 in a separate room to the waiting area which helped to maintain confidentiality. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients there, and for personal discussions a separate area could be used to maintain confidentiality.

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 the need to store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to

tell us about their experience of the practice. We collected 49 completed CQC patient comment cards. These provided a highly positive view of the service the practice provided. All of the patients commented that the quality of care was good. Patients commented that the practice was always clean and tidy and that it was safe and hygienic. They said that they found the staff offered an efficient and professional service. They said that staff were polite, helpful and kind. Patients said that explanations about their treatment were clear and that they were given time to ask questions and all options were fully explained. Feedback in relation to patients who were nervous said that staff were reassuring and understanding and that they were made to feel at ease.

During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours. The dental staff would work through lunch if required in order to see a patient if they were in pain.

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 might have difficulty accessing services due to limited mobility or other physical issues. However a disability audit had not taken place looking at the access to the practice and assessing if any improvements could be made. We spoke with the provider about this and was told that they would complete one.

The practice did not use a translation service however this had not been a problem. The provider said that if necessary there were translation service details available and would also use the internet to translate. There was access into the building via steps and the practice had a portable ramp for those patients that needed assistance or with wheelchairs. The staff knew the patients that required this and would make sure this was utilised for these

appointments. Once in the practice there was level access to the treatment room and the reception. The practice was limited on space and therefore did not have a public toilet. At the side of the practice there was a free public toilet facility which also included full disabled access.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. The practice did not have emergency slots, however the patients would always be seen on the day either by patients coming in and sitting and waiting to be seen or by the dentists working later to fit patients in.

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

The practice was open Monday to Friday from 8.45am and closed at 5.30pm other than Tuesday and Wednesday when it closed at 12.30pm. The practice also closed for lunch daily at 12.30pm until 2pm. Reception cover was provided every day until 5.30pm.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice had not received any complaints but we were told that if they did any learning would be discussed at practice meetings. Information for patients about how to make a complaint was seen in the practice leaflet and poster in the waiting area.

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. Policies and procedures were in place however they had not been reviewed for a number of years and therefore we were not sure that these were up to date. We spoke with the provider who told us that there had not been many changes but agreed that the policies needed to be reviewed and that they would make sure this was done. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to if they did raise a concern. Staff told us they were happy in their work and were well supported. The length of service from the staff showed that they were happy with four members of staff having been employed for over 17 years.

It was apparent through our discussions with the staff that the patients were at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Staff told us there were practice meetings which were documented for those staff unable to attend.

Learning and improvement

We saw that discussions were held in relation to infection control, training and any other business such as changes to opening hours or staff cover.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning.

We found that clinical and non-clinical audits were taking place at the practice including infection control, record keeping and X-ray quality. We saw that results from audits were looked at and commented on and if necessary actions would be implemented.

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. The practice had completed a survey of patients experience in 2015 and the practice also took part in the NHS friends and family test. The provider had been waiting for some analysis of results from NHS England however we saw that the figures and feedback had been reviewed and that 95% of patients completing the family and friends test said they were either likely or very likely to recommend this practice to their friends and family.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.