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West Vale Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 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

West Vale Dental Surgery is situated in the West Vale area of Halifax, West Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has three surgeries, a decontamination room, a waiting area and a reception area. All of these facilities are on the ground floor of the premises.

There are two dentists, one dental hygienist, two dental hygiene therapists, three dental nurses (including two trainees), a receptionist, a practice manager and a dental practice advisor.

The opening hours are Monday to Friday from 9-00am to 5-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we received feedback from 50 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were friendly, warm and welcoming, the premises were safe and hygienic and that treatment was well explained.

Summary of findings

Our key findings were:

- The practice appeared clean and hygienic.
- The practice had some systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff.
- Patients were able to make routine and emergency appointments when needed.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the availability of a blood spillage kit giving due regard to the COSHH risk assessment.
- Review the current legionella risk assessment and ensure water temperatures are above 50 degrees celcius.
- Review the practice's waste handling policy to ensure the waste bin is securely stored giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the protocols and procedures for use of the OPT machine giving due regard to guidance notes on the Safe use of X-ray Equipment.
- Review the arrangement for the use of the answering machine in the reception area.
- Review the practice's whistleblowing policy to ensure it is practice specific.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's recruitment policy and procedures to ensure references for new staff 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 safe care in accordance with the relevant regulations.

Not all staff had a good understanding of the significant event reporting procedure.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

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

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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

Are services effective?

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

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we received feedback from 50 patients. Patients commented that staff were friendly, warm and welcoming. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were generally maintained for patients using the service on the day of the inspection. We noted that the answering machine in the reception area was not silenced when a patient was leaving a message.

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

Summary of findings

Are services responsive to people's needs?

We found that 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. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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

The practice was accessible for patients with a disability or limited mobility to access dental treatment. There were ground floor toilet facilities but these were not suitable for a patient in a wheelchair.

Are services well-led?

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

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

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

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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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we received feedback from 50 patients. We also spoke with one dentist, one dental

hygiene therapist, one dental nurse, the practice manager and the dental practice advisor. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Not all staff were familiar with the concept of significant events and the reporting of them. Some staff were able to describe events which had occurred and actions which were put in place to prevent these from happening again. These significant events were not documented but we were told that they would be discussed at staff meetings.

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had recently undertaken level two safeguarding training. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had a whistleblowing policy for staff to reference if the need ever arose. However, this policy had the incorrect contact details. This was brought to the attention of the practice advisor and after the inspection we received an updated version of the policy with the correct contact details.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a re-sheating device, a protocol whereby only clinicians handle sharps and guidelines about responding to a sharps injury (needles and sharp instruments). Dental nurses were informed during their induction of these arrangements

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was not always used during root canal treatment in line with guidance from the British Endodontic Society. We discussed the importance of using rubber dam for all root canal procedures and we were told that this would now be actioned.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse. We were told that any paper documentation relating to dental care records were stored in containers which were not fire proof. This was brought to the attention of the practice owner and we were told after the inspection that a new storage system had been bought which was fire proof.

Medical emergencies

The practice had procedures in place 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 were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in one of the ground floor surgeries. Staff knew where the emergency kits were kept. 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 weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and

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professional registration. We reviewed a sample of staff files and found the recruitment procedure had generally been followed. We did see that for one member of staff that there was not a reference available.

The practice owner told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that these checks were in place. However, we noted that for one member of staff this check had only been completed after they had been working at the practice for a few months.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. For example, a member of staff conducted a monthly tour of the premises to check for any new hazards which may have developed. This was in addition to the daily reception and waiting area checks.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, pregnant workers and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its mercury spillage and waste disposal procedures. This folder was currently being updated and simplified. We saw that there was no blood spillage kit within the practice. This was brought to the attention of the practice owner and we saw that one was ordered whilst we were at the premises.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, 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)'. One of the dental nurses was the lead for infection control.

We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into an external container for disposal by a registered waste carrier and appropriate documentation retained. This container was not secured to the wall therefore it could not be considered secure as it was easily accessible and vulnerable to interference by vandals. We were later told that the waste carrier had been asked to secure the container to the wall.

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 infection control lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used

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instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly 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 an Infection Prevention Society (IPS) self- assessment audit in March 2016 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 January 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session, monitoring cold and hot water temperatures each month and also quarterly tests on the on the water quality to ensure that Legionella was not developing. We looked at the water temperature checks which had taken place. All of the hot water temperatures were slightly below the temperature recommended in the risk assessment. This was brought to the attention of the practice owner and we were told that the temperature of the boiler would be increased to ensure that the appropriate temperature was reached.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave and the compressor. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away when not needed to ensure they were secure.

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 that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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. Local rules for some of the X-ray machines were available in the surgeries and within the radiation protection folder for staff to reference if needed. We saw that one particular X-ray machine in a surgery did not have local rules available on the day of inspection. We were later sent a copy of the local rules relating to this X-ray machine.

We saw that a justification, grade and a detailed report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out every year and had last been completed in July 2015. 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).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist 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 dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay or gum disease. The dentist were also aware of the NICE guidelines with regards to the extraction of wisdom teeth.

During the course of our inspection we discussed patient care with the dentist 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. If the patient had more advanced gum disease then they were referred to the dental hygienist or hygiene therapist for a more detailed examination of their gums. This was then followed up by the appropriate treatment.

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 into their 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 FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

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 (DBOH). DBOH 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 dentist or the dental hygiene therapist applied fluoride varnish to all children who attended for an examination. Fissure sealants were also placed on children at high risk of dental decay. High fluoride toothpaste or mouthwash were prescribed for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked.

We saw that there were oral health demonstration kits available in the surgeries to use when patients required extra assistance with brushing or interdental cleaning. There was a selection of health promotion leaflets available in the waiting room to support patients in maintaining good oral health.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice layout, the location of emergency medicines, the dress code and the decontamination procedures. We saw evidence of completed induction checklists in the personnel files.

The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all relevant staff and we saw some evidence of on-going CPD. The practice did not keep a log of when mandatory training was required to be renewed. The dental practice advisor told us that they were about to introduce a process to ensure that all mandatory training was completed when required.

Staff had not had formal appraisals yet. We were told that the practice owner that they were due to start conducting appraisals for staff. We saw evidence that some staff had recently completed a pre-appraisal questionnaire.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and minor oral surgery. Patients were given a choice of locations which they could be referred to.

The practice completed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about

how to ensure patients had sufficient information to give informed consent. Staff 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.

Staff had a basic understanding of the principles of the Mental Capacity Act (MCA) 2005. We saw that staff had not completed training in relation to the MCA. We advised the practice owner to arrange for staff to complete training in relation to the MCA.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. Consent was also reinforced verbally when a patient returned for treatment and this was documented in the dental care records. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. They said staff were friendly, warm and welcoming. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Staff were conscious about maintaining patient confidentiality during interactions at the reception desk and in the waiting room. Dental care records were not visible to the public on the reception desk. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

We noted that when a patient was leaving a message on the answering machine the message was played out aloud and persons in the waiting area could hear this. Therefore,

confidential patient information could be overheard by other persons. We discussed this issue with the practice owner and we were told this had been discussed at the most recent practice meeting and an answerphone was to be bought which did not play messages out loud.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt 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. The dentist understood the concept of Gillick competency with regarding to gaining consent from children under the age of 16.

The dentist told us that they used pictures and models of teeth to help them when discussing treatments with patients. Feedback from patients confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access the premises and a ground floor toilet. The toilet would not be suitable for a wheelchair user though. One of the surgeries on the ground floor had three steps to get in. We were told that if this was ever an issue for patients then the patient would be seen in one of the other surgeries which had no steps to access them.

Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet. The opening hours are Monday to Friday from 9-00am to 5-30pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in

a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area. The practice information leaflet required updating to include the new 111 service.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. If the complaint related to clinical matters then these would be forwarded to the practice owner. Staff told us that they aimed to resolve complaints in-house initially. The practice had not received any complaints in the last 12 months.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice owner was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. The dental practice advisor was currently reviewing and refreshing the policies. We saw they had some systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to pregnant workers, the use of equipment and infection control.

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

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. 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 that the practice worked as a team and dealt with any issue in a professional manner.

The practice shared staff meetings with the local sister practice and these were approximately every three months. These meetings were minuted for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. Topics discussed at staff meetings included infection control, information governance and practice specific issues.

All staff were aware of whom to raise any issue with and told us that the practice owner was approachable, 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's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training and this included medical emergencies and basic life support. The practice owner organised for medical emergency training to be completed on an annual basis. Staff training was not being actively monitored. The practice advisor told us that this was due to implemented soon to ensure all mandatory training was completed within the appropriate time scales.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The satisfaction survey included questions about the opening hours, whether the staff were friendly, whether they were happy with the treatment provided and whether they felt involved in decisions about treatment. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.