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St Owen Dental Studio

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 January 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

St Owen Dental Studio is situated in Hereford city centre and provides NHS and private treatment.

The dentist moved from their previous premises to the current building early in 2015. This was to ensure they were able to provide suitable access for patients with mobility difficulties and for families with pushchairs and buggies.

The practice has one dentist, one dental nurse and one receptionist. The practice currently has one dental treatment room and a decontamination room for the cleaning, sterilising and packing of dental instruments. There is an additional room which the dentist hopes to equip as a treatment room in the future. The practice is all on ground level with a ramp and handrail to the front entrance and staff and patient toilets which are both fully equipped for people with physical disabilities.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to tell us about their experience of the practice. We collected 10 completed cards and looked at 16 recent NHS Friends and Family forms which were available at the practice. Patients were positive about the practice and their experience of being a patient there. They said they could not fault the service they received and several commented that the practice was excellent. Patients said the practice's new premises were pleasant and very clean and were an improvement on the previous facilities. They described the staff as helpful and unhurried, and the

Summary of findings

dentist as kind and gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

Our key findings were:

- The practice had a health and safety policy, relevant safety related risk assessments and an accident book. They did not have a policy or an established process for reporting and recording significant events but staff confirmed none had occurred.
- The practice was visibly clean and arrangements for infection prevention and control were well organised.
- The practice had safeguarding guidance and information available for staff and the practice team were aware of their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures to help them check the staff they employed (including locums), were suitable. The policy did not fully reflect the requirements set out in the regulations.
- Dental care records provided adequate information about patients' care and treatment but the amount of detail recorded was inconsistent.
- The dentist and dental nurse were appropriately qualified and arrangements were in place for them to maintain their continuous professional development as required by the General Dental Council.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a suitable complaints procedure and information about this was available for patients.
- Because the staff team was so small, the management and governance arrangements were largely informal. The dentist recognised the benefits of developing more structured arrangements to help them manage and develop the practice in future.

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

- Establish a policy and processes for reporting and recording significant events to ensure that when incidents happen they are investigated, used to make improvements and recognised as opportunities for shared learning within the team.
- Establish an effective system for the stock control of emergency medicines and equipment .
- Review the storage arrangements and the records kept for temperature sensitive medicines.
- Review and update the staff recruitment policy to reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. This should include the arrangements for locum staff whether obtained through an agency or direct by the practice.
- Update the health and safety policy to reflect the fire safety arrangements at the new premises. This should specify the respective responsibilities of the landlord and the provider.
- Review the practice's protocols for quality assurance of X-rays taken giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000 and Ionising Radiation Regulations (IRR) 99.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems for infection prevention and control, clinical waste control, management of medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and child and adult safeguarding. Staff recruitment procedures did not fully reflect the requirements set out in the regulations although the required checks had been obtained for current staff. The practice did not have a significant event policy and procedure but staff assured us no relevant incidents had occurred.

Are services effective?

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

The practice provided dental care and treatment based on assessments of each patient's needs in line with national guidelines. The dental care records we looked at provided information about patients' care and treatment but the dentist acknowledged that they needed to be more consistent about how much detail they recorded. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation and guidance when treating children, and patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patients' views from 10 completed Care Quality Commission comment cards. We also saw 16 NHS Friends and Family forms. Patients were positive about the practice and their experience of being a patient there. Patients said they could not fault the service they received and thought that the practice was excellent. They described finding the practice premises pleasant and the staff as helpful, unhurried and the dentist as gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

Are services responsive to people's needs?

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

The practice moved from first floor premises in 2015. The new premises were ground level with a ramp and handrail to the front entrance and staff and patient toilets which were both fully equipped for people with physical disabilities. The waiting room and corridors areas had plenty of space for patients using wheelchairs and for pushchairs and buggies. Staff told us this had led to an increase in the number of older patients and families using the practice.

Because the dentist was Polish the practice attracted patients from Poland and other eastern European countries. The receptionist had written information available to help them communicate with patients who spoke Polish.

Patients could access routine treatment and urgent care when required. Information, including opening hours and emergency out of hours services was available for patients at the practice and in the practice information leaflet.

The practice had a complaints procedure which provided patients with the expected information about how they could make a complaint. The practice had not received any complaints.

Summary of findings

Are services well-led?

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

St Owen Dental Studio was a very small practice where the dentist, dental nurse and receptionist worked closely together every day and were able to communicate informally about the provision of the service and the day to day management of the practice. The practice had policies, systems and processes which were available to all staff and held monthly staff meetings.

St Owen Dental Studio

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 was carried out on 6 January 2016 by a CQC inspector and a dental nurse specialist advisor; the team also included a second CQC inspector who was shadowing the inspection. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. During the inspection the dentist told us that NHS England had visited the practice after it moved during 2015 and had identified improvements that needed to be made. We informed the NHS England area team that we had inspected the practice. They confirmed that the practice had satisfactorily completed actions they had asked the practice to carry out.

During the inspection we spoke with the dentist, dental nurse and receptionist. We looked around the premises including the treatment room and an empty room that the dentist planned to equip for another dentist in the future. We reviewed a range of policies and procedures and other documents. We read the comments made by 10 patients on comment cards we provided before the inspection. We also looked at 16 recently completed NHS Friends and Family forms which were available at the practice.

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 did not have a significant event policy to provide guidance to staff about reporting and recording significant events or to support the practice in learning from these. Staff assured us that there had been no problems, incidents, accidents or complaints which needed to be recorded as significant events. They felt that because the practice and team were so small and the premises so new there were few opportunities for issues to happen. The dentist understood the need for a policy, particularly if another dentist and more staff joined the practice and told us they would put one in place.

The receptionist and dentist received and checked national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA).

Reliable safety systems and processes (including safeguarding)

We spoke with the practice team about child and adult safeguarding. The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in Herefordshire. The team was aware of their responsibilities to identify and report potential concerns about the safety and well-being of children, young people and adults living in circumstances which might make them vulnerable.

The dentist was the safeguarding lead for the practice and staff were aware of this. The dentist had completed safeguarding training appropriate to their role. The dental nurse had received training about safeguarding as part of their training which they completed in 2015. The receptionist had not had safeguarding training but told us that they would inform the dentist if they had any concerns. The dentist recognised the importance of safeguarding training and planned to arrange refresher training for themselves and the dental nurse and include the receptionist in this.

The dentists confirmed that they did not currently use a rubber dam during root canal treatment in accordance with guidelines issued by 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. The dentist confirmed that they used an alternative safety method. They explained they were already looking into this by researching which rubber dam to buy.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. This reduced the risk of inoculation injuries to staff from needles or sharp instruments.

Medical emergencies

The practice had arrangements to deal with medical emergencies. They had an automated external defibrillator (AED), 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. We found that the practice had adult pads available for use with the AED but did not have pads for use for children. They have confirmed in writing since the inspection that they have ordered these. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The staff kept monthly records of the emergency medicines available at the practice to enable the practice to monitor that they were available and in date. They were not however recording the batch numbers to provide a more robust audit trail of their stock. We noted that they had not been checking the expiry dates of airways, needles and syringes and that some had recently passed their expiry date.

Staff had not completed annual basic life support training and training in how to use the defibrillator within the last 12 months but a course was booked to take place on 14 January 2016. The dentist has confirmed that this took place.

Staff recruitment

Are services safe?

We looked at the practice's recruitment policy and procedure, and staff records. There were no recent recruitment records for us to review because both of the staff employed by the dentist had been in post for two years or more.

We saw evidence that the practice had Disclosure and Barring Service (DBS) checks for the dentist and for both staff employed. The DBS carries out 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.

Although the practice had a written recruitment policy and process to assure themselves of the suitability of staff they employed, this did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, it did not cover all the information that should be obtained such as reasons for leaving previous employment and evidence of conduct in previous employment involving work with vulnerable adults or with children. The dentist said they would review the specific content of the regulation and update their policy accordingly. We will review the revised policy at the next inspection.

Because the practice was so small there was only one dentist and one dental nurse. If the dentist took planned leave they either closed the practice or arranged a locum dentist to cover. When the dental nurse took planned leave this was either timed to be at the same time as the dentist or if not, another dental nurse they knew provided cover. The practice had not needed to use this dental nurse since moving to the new premises. The dentist was not aware they should have the same recruitment records in place for this person as for other regular staff or that they should assure themselves that locum agencies had completed the required checks. They said they would do so in future.

The practice had records to confirm that the dentists and dental nurse were registered with the General Dental Council (GDC) and that they had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had a health and safety policy, an overall practice risk assessment and risk assessments about a wide range of specific dental topics and more general issues. These included control of substances hazardous to health, and infection prevention and control. The policy highlighted the need to report some accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

There was a fire risk assessment which had been completed as part of the work to commission the new practice premises. Overall fire safety was the responsibility of the landlord who arranged and co-ordinated the various fire safety checks and tests in the building where the practice was situated; this included fire alarm checks twice a year. The practice used an external company to help them maintain fire safety within their specific part of the premises. The team had taken part in a fire drill since moving into the new premises. We saw that the health and safety policy reflected their fires safety arrangements at the previous premises including the responsibility for carrying out regular tests, checks and fire drills. This had not been updated to reflect the current arrangements.

The practice had details of telephone numbers to use in a range of situations that might affect the daily operation of the practice such as loss of utilities, computer problems or situations which might mean the practice was unable to operate. Staff were aware this, for example, the receptionist explained they had all the essential phone numbers in one place and would be involved in making any necessary arrangements. The practice had links with other dental practices in the city and had a specific agreement with another practice for patients needing emergency appointments if the practice needed to close.

Infection control

The practice was visibly clean and tidy. Several patients who gave us feedback specifically commented on how clean and pleasant the practice was.

The practice had an infection prevention and control (IPC) policy and had completed one IPC audit since moving to the new premises. They used the Infection Prevention Society format for this.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental

instruments and reviewed their policies and procedures. We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The room was clean, tidy and well organised. The separation of clean and dirty areas was clear in both the decontamination room and in the treatment room.

We observed the dental nurse processing dirty instruments and found they were transported, cleaned, checked and sterilised in line with in line with HTM01-05 guidance. When they had cleaned and sterilised instruments they packed them and stored them in sealed and dated pouches in accordance with current HTM01-05 guidelines. The practice kept records of all of the expected processes and checks including those which confirmed that equipment was working correctly.

Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection was available for staff and patient use. The treatment room and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and hand gels.

The practice had had a legionella risk assessment carried out by a specialist company. Legionella is a bacterium which can contaminate water systems in buildings. We saw records of weekly water temperature checks taken in the treatment room and kitchen. We highlighted that water temperatures also needed to be recorded in the other rooms with hot and cold water taps. The practice confirmed they would start doing this immediately. The practice used an appropriate chemical to prevent a build-up of legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The practice segregated and stored dental waste, including used disposable needles and other sharp items in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument and had a record of staff immunisation status in the staff files.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions by appropriate specialist engineers. This included the emergency oxygen, equipment used to sterilise instruments, the compressor and the fire safety equipment. We saw that the practice had an arrangement with an external company to check the electrical installation and all portable electrical appliances every three years to make sure they were safe to use. The landlord had arranged for the whole building to be re-wired during the period when the practice was being set up. The dentist did not have a copy of the electrical safety certificate for this and we advised them to obtain a copy from the landlord or electrical contractor.

Prescription pads were stored securely but the practice did not keep a record of the blank prescriptions in stock. They set a record up before we left on the day of the inspection. We saw that the dentist recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

We noted that the practice was storing an emergency medicine and tooth whitening chemicals in a refrigerator used by staff to store food. It is best practice for these to be stored separately. Staff were recording the temperature weekly rather than daily as required.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

Dental records showed that X-rays were justified, graded and reported on to help inform decisions about treatment.

Are services safe?

The dentist had completed an audit to confirm this was being done but the dentist had not undertaken an audit to ensure the X-ray images taken were of consistent diagnostic quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist described in detail how they assessed patients using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

We saw examples of adequate treatment plans and records for patients based on the level of care and treatment they needed. The dental care records contained details of the dentist's assessments of patients' tooth and gum health, medical history and consent to treatment. The dentist recorded a variable level of detail in the dental care records. They acknowledged this and told us they would be more consistent about this in future. However, when we spoke with them they described all these aspects of patient care knowledgably and comprehensively. Patients were asked to complete an up to date medical history form at the start of a course of treatment.

The practice did not have a dental hygienist and the dentist carried out scale and polish treatments for patients who required it.

Patients' records contained details of the justification for the X-rays following current guidelines.

Health promotion & prevention

The dentist was aware of and put into practice the Delivering Better Oral Health guidelines from the Department of Health. There were leaflets and posters in the waiting room about various oral health topics and the services offered at the practice. A range of dental care products were available for patients to buy. The dental nurse described how the dentist spoke with patients about improving their oral health. This included giving patients who smoked advice on giving up and showing children and their parents or carers how to brush their teeth correctly. The water supply in Herefordshire is not fluoridated and the dentist provided fluoride application for children and for adults based on assessed need.

Staffing

The practice had one dentist and one dental nurse and a receptionist. The dental nurse had recently qualified and their training was therefore up to date. They received an annual appraisal in October 2015 to support them to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). We saw evidence that the receptionist had received an appraisal in September 2015.

We saw evidence that the receptionist had received a structured induction when they started work and that this was available for use with any new staff who may be employed in the future. The dental nurse was positive regarding the support the dentist had given them during their training.

As the practice was so small, if the dentist took planned leave they either closed the practice or arranged locum dentists to cover. When the dental nurse took planned leave this was either timed to be at the same time as the dentist or a locum dental nurse was arranged. The dentist confirmed that if the dental nurse was absent at short notice they would close the practice and re-arrange patients' appointments. They told us this was rare. They confirmed that should this happen they had an arrangement with another practice to provide emergency cover for patients in pain.

Working with other services

The dentist described in detail the process they followed when they referred patients to external dental or other health professionals. They explained to patients the reason for the referral, the usual waiting time and they obtained their consent to go ahead. They told us they talked with patients about what to expect when they had their appointment with the professional they had been referred to.

The practice had certificates for the dental laboratories they used for work such as dentures and dentists to show they were suitably registered with the GDC where this was required.

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for both private and NHS patients where necessary. The dentist described fully how they obtained and recorded patients' consent and provided them with the information they needed to make informed decisions about their treatment. The dentist understood their responsibilities when treating patients who lacked capacity regarding the care and treatment they might need. They

Are services effective?

(for example, treatment is effective)

described how they involved the patient and other people involved in their care including relatives and other professionals if necessary. The dentist said they were vigilant about making sure they obtained consent for children's care and treatment from someone with the legal right to do so. The dentist also understood the guidelines they should follow when considering whether children had sufficient maturity to make decisions about their own care and treatment.

The practice had a written policy about the Mental Capacity Act 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 10 completed Care Quality Commission comment cards and 16 NHS Friends and Family forms which were available at the practice. Patients were positive about the practice and their experience of being a patient there. People said they could not fault the service they received and thought that the practice was excellent. People described finding the practice premises pleasant and the staff as helpful, unhurried and the dentist as gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

During the inspection the interactions we saw between practice staff and patients were polite, and helpful. It was evident that the team knew patients well.

The practice had an up to date confidentiality policy. The reception desk was in the waiting room but was arranged so the computer screen was not visible to patients. The receptionist confirmed that if more than one patient was in the waiting room and one wished to speak privately they would use the office for this.

Involvement in decisions about care and treatment

The practice's patient leaflet referred to the importance the practice placed on involving patients in their care and treatment. The dental nurse told us that the dentist gave patients clear verbal explanations of their care and treatment and put this in writing when needed; for example for more complex courses of treatment. One patient who filled in a comment card specifically commented that the dentist explained their treatment in full.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 10 completed Care Quality Commission comment cards and 16 recent NHS Friends and Family forms which were available at the practice.

Information about NHS charges was individually assessed and costed for patients depending on the treatment needed. The practice gave NHS patients leaflets with information about NHS charges and exemptions. There was information for patients in the waiting room about a dental payment scheme available to patients.

At the time of our inspection the practice was not able to accept new patients for NHS dental treatment. This was because they had reached the maximum amount of units of dental activity (UDAs) set out in their contract with NHS England. UDAs are the system used to calculate the payments to dentists and are based on treatment provided.

Tackling inequity and promoting equality

Hereford has a large Polish and eastern European community and because the dentist was Polish the practice attracted patients from Poland and other eastern European countries. The receptionist had written information available to help them communicate with patients who spoke Polish. This included questions for patients about their basic information, whether they were in pain and the day and time that they wanted their appointments. The receptionist also had information in Polish about the rules for exemption from NHS treatment charges. When a patient needed more detailed information the dentist spoke with them. The practice made arrangements for information to be translated if patients needed this. The practice had an equal opportunities policy.

The practice moved from first floor premises in 2015 and had completed an audit of the premises to ensure they made any reasonable adjustments for patients with disabilities as required by the Equality Act 2010. The new premises were ground level with a ramp and handrail to the front entrance and staff and patient toilets which are both fully equipped for people with physical disabilities. The waiting room and corridors areas had plenty of space for patients using wheelchairs and for pushchairs and buggies. Staff told us this had led to an increase in the number of older patients and families using the practice. The practice had one parking space for use for patients with a physical disability.

The practice did not have an induction hearing loop to assist patients who used hearing aids. Staff said they were not aware of any current patients who might benefit from this but the provider said they would check this with patients as they came for appointments.

Access to the service

Information from patients confirmed they were able to get routine and urgent appointments.

The practice was open Monday to Thursday at the following times –

Monday – 11am to 7pm

Tuesday to Thursday – 9am to 5pm

Friday – closed

The practice closed for lunch from 1.15pm to 2pm.

If any of the practice's patients were in pain or needed other emergency dental care on Fridays the practice had a an arrangement for them to be seen at another local practice

Reception staff explained that the dentists let them know how long each patient's next appointment needed to be which depended on the treatment being provided. Reception staff told us that if patients needed urgent treatment they would be seen on the day.

The practice provided patients with information about obtaining emergency NHS dental treatment by telephoning the NHS 111 number when the practice was closed or attending the NHS dental access centre in Hereford.

Concerns & complaints

The practice had a complaints policy and procedures, and information for patients about who to contact if they had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included. The practice had never received any complaints either at the new premises or their previous ones.

Are services well-led?

Our findings

Governance arrangements

St Owen Dental Studio is a very small practice with only one dentist supported by a dental nurse and a receptionist. A significant amount of communication is informal and takes place during the routine day to day activities of running the practice and providing care and treatment to patients. The dentist hopes to extend the practice in the future and employ another dentist and more dental nurses. They recognised the need to develop more formal and structured governance arrangements in preparation for this because informal communication would not enable them to effectively manage a larger service.

There was a quality assurance statement in the waiting room for patients' information. This gave an overview of the practice's intention to provide a quality service.

Responsibilities for health and safety related issues were shared between the three members of the team and specified in the practice's health and safety policy.

The practice used documents from the British Dental Association (BDA) as templates for their policies and procedures. The majority of these had been reviewed in 2015 and we saw that they had tailored these to the specific needs of the practice. We noted that a small number needed to be updated because they still referred to the Primary Care Trust, a body which no longer exists.

The practice displayed information in the waiting room about their arrangements for patient records under the Freedom of Information Act and was registered with the Information Commissioner in respect of data protection requirements. There were arrangements for making sure that information stored on computers was stored and backed up securely.

The dentist had recently established a timetable of audits to be completed during the year. These included infection control, the content of dental care records and an X-ray audit. The most recent dental care records audit was done in December 2015. We noted that the template covered fewer topics than previous audits and did not include a section to show that whether patient consent was recorded. We also noted that the dental care records audit was done by the receptionist who was not a registered dental care professional and that there was no record that the dentist had reviewed the results.

Leadership, openness and transparency

Staff felt supported by the dentist and the small team worked closely together. The practice team held monthly staff meetings and notes of these were typed and kept for future reference. Because there were only three members of the team they communicated closely every day. We saw this happening on the day we inspected.

Management lead through learning and improvement

The staff team had spent the last year getting the new premises opened and established with patients following the move from the old premises. During the year the dental nurse had completed their training and was now registered and preparing to start their first five year cycle of continuous professional development (CPD). The dentist was aware of this and of their role in supporting and encouraging the dental nurse. They also planned to further develop their own CPD now the move was completed.

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

The practice had moved to new premises partly in recognition the previous premises were unsuitable for many patients, particularly anyone with mobility difficulties and families with small children. The practice used the NHS Friends and Family test to monitor patients' views about the service. We saw 16 recently completed forms during the inspection none of which contained any negative comments or suggestions for improvements. Some of these Friends and Family forms and some of the CQC comment cards contained positive feedback about the practice moving to the new premises.

Staff we spoke with said they could voice their views and raise any concerns about the practice if they needed to.