

Bryn Street Dental Clinic Limited

# Bryn Street Dental Clinic Limited

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 30 January 2017 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**

Bryn Street Dental Clinic is a dental practice providing NHS and private treatment for both adults and children; they are known locally as Boutique Dental 23. The practice is based in a mid terrace property in the village of Ashton-in-Makerfield.

There are six treatment rooms located over two floors, a dedicated decontamination room for sterilising dental instruments, a general office and a staff kitchen. Car parking is available on the side-streets near the practice. The practice was accessible to people with disabilities and impaired mobility.

The practice employs seven dentists, one of whom is a foundation dentist, one dental therapist, one hygienist and 12 dental nurses, three of whom are trainees. The clinical team is supported by a business manager, a practice manager and reception staff. Bryn Street Dental practice is a foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake in order to work in NHS practice.

# Summary of findings

The practice's opening hours are 8am to 6pm from Monday to Wednesday, 8am to 7pm Thursday and 8am to 5pm Friday.

The principal dentist 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.

We reviewed 48 CQC comment cards on the day of our visit; patients were extremely positive about the staff and the standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

## **Our key findings were:**

- The premises were visibly clean and tidy.
- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- The practice was highly proactive in providing preventative care and advice in line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.

- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Clinicians at the practice were members of Greater Manchester Local Dental Network and had contributed to the development of dental trauma pathways that were in use in the locality.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.

## **We identified the following notable practice:**

- The practice was a pilot site for a number of patient pathways and initiatives promoting prevention and improved dental health, some of which became national guidance.
- We think this is notable practice because it demonstrates a commitment to improving oral health utilising the different skills within the practice and within the locality.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# 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.

Infection prevention and control procedures followed nationally recognised guidance from the Department of Health.

We could not see evidence that recent relevant alerts had been received and acted upon, the practice manager told us they would check their registration to receive alerts.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices.

No action



### Are services effective?

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

The practice was a pilot site for a number of patient pathways and initiatives promoting prevention and improved dental health, some of which became national guidance.

Clinicians at the practice were members of Greater Manchester Local Dental Network and had contributed to the development of dental trauma pathways that were in use in the locality.

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD). The practice had encouraged and supported staff to undertake additional training and qualifications.

No action



### Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 48 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

No action



# Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

## Are services responsive to people's needs?

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

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

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

A disability access audit had been carried out, the practice was accessible to patients with a disability and staff had access to a translation service where required.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

No action



## Are services well-led?

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

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

We found there were strong support systems in place to ensure the smooth running of the practice.

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

A regular audit cycle was apparent within the practice. Results and action plans were clearly detailed and shared with staff.

The practice used social media to engage with patients. Patient feedback was encouraged verbally and on feedback forms. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



# Bryn Street Dental Clinic Limited

## 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 30 January 2017 and was led by a CQC Inspector assisted by a second dentally qualified CQC inspector.

Prior to the inspection we reviewed information we held about the practice. During the inspection, we spoke with three dentists, the business manager and practice

manager, and members of the dental nursing team. We toured the practice and reviewed emergency medicines and all equipment. We reviewed policies, protocols and other documents and observed procedures.

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

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Staff told us there was a system to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). We could not see evidence that recent relevant alerts had been received and acted upon, the practice manager told us they would check their registration to receive alerts.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of needles; Only the dentists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff. The assessment did not include the risk of other sharp instruments; We discussed this with the management team who assured us that a comprehensive risk assessment would be carried out.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2017).

### Medical emergencies

Staff had received up to date training in medical emergencies. All equipment and emergency medicines were present in line with the Resuscitation Council UK guidelines. This included an automated external defibrillator (AED) [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

We saw records that showed the emergency medicines and equipment were checked regularly and all stock was within the expiry date. Staff knew the location of the emergency equipment which was easily accessible.

### Staff recruitment

The practice recruitment policy was in line with the requirements of schedule 3. We reviewed the staff recruitment files to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. This was all in accordance to the practice's own recruitment policy.

### Monitoring health & safety and responding to risks



## Are services safe?

A health and safety policy was available and up to date. There was a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. A health and safety risk assessment was in place and the practice manager carried out a monthly visual inspection of the premises.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had two fire exits; clear signs were visible to show where evacuation points are. We saw annual maintenance certificates of firefighting equipment. The practice also had weekly visual checks of the extinguishers, lights and signs. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

### Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the best practice guidance on 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty

gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily, weekly and monthly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in June 2015 and the practice had carried out recommendations which included removing disused sections of piping and improving the insulation of water pipes. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of





## Are services safe?

the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

### Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and antibiotics. These medicines were stored safely for the protection of patients.

### Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training During each five year CPD cycle. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

Clinicians at the practice were members of Greater Manchester Local Dental Network and had contributed to the development of dental trauma pathways that were in use in the locality. This resulted in the production of an oral trauma toolkit for dental practitioners. They kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

### Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. They were a pilot practice for a local oral health improvement initiative 'Baby Teeth Do Matter'. This initiative encouraged the registration of patients aged under five years old for health advice, acclimatisation and monitoring plus fluoride application to reduce dental disease. An audit of the pilot programme showed a reduction in the expected number of patients being referred for dental extractions under general anaesthetic compared with previous years. The practice were also one of 11 pilot sites for 'Healthy Gums Do Matter'

which is a primary care clinician-led project to improve the quality of periodontal treatment in NHS primary dental care. The project, initiated in September 2014, resulted in positive changes in patient self-care behaviour, improvements observed in clinical measures and an overall increase in periodontal health. The project led to the production of a practitioner's toolkit which outlines a staged, care pathway approach for the management of periodontal disease. The practice were recognised at the Healthy Gums Do Matter team of the year 2016 for their contribution to the project. The principal dentist told us that these pathways have now been accepted by the British Society of Periodontology.

Staff we spoke with told us they used every opportunity to give advice appropriate to patients' individual needs such as smoking and alcohol cessation or dietary advice. This was also recorded in the dental care records we reviewed. They used national health promotion weeks and events to display targeted health promotion advice in the practice and on social media. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health.

### Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff told us how they were supported to learn and improve. For example, by reviewing case studies together. They made use of protected learning time to complete additional training and qualifications.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention. There was an appraisal system in place which was used to identify training and development needs. The practice had encouraged and supported staff to undertake additional training and qualifications. For example, the dentists were supported through post graduate courses and dental nurses were encouraged to train to apply fluoride.

### Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring



## Are services effective?

(for example, treatment is effective)

patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner. The practice also worked with other services to develop patient pathways and toolkits.

### Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (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. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice provided dental care to a number of patients who resided at a facility for people with head injuries. Patients sometimes attended with chaperones who were unfamiliar with their care; the practice discussed this with the residential facility and were working with the facility to develop a protocol to ensure that patients attended with the correct information and medical history to allow the dentists to provide dental care and treatment in a timely way.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.



## Are services caring?

### Our findings

#### **Respect, dignity, compassion & empathy**

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 48 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a private room to talk with a staff member. We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. We saw evidence for all staff in information governance training. Staff were confident in data protection and confidentiality principles.

#### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this and patient comments aligned with these findings.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff told us that every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment. We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had carried out a disability access audit. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Staff had access to a translation service where required

### Access to the service

The practice's opening hours were 8am to 6pm from Monday to Wednesday, 8am to 7pm Thursday and 8am to 5pm Friday. These were displayed in their premises, in the practice information leaflet and on the practice website.

The patients we spoke with felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients were able to receive text messages and emails to remind them of appointments.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas and on the practice website. This included how to make a complaint, how complaints would be dealt with and the time frames for responses. Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner. The practice received six complaints in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.



# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice manager provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by the practice manager on an annual basis and updates were shared with staff to support the safe running of the service.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. 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.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, their practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

### Leadership, openness and transparency

The overall leadership was provided by the registered manager who was also a member of local dental and training networks. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

### Learning and improvement

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Clinical and non-clinical audits were carried out by various members of staff. Topics included radiography, infection prevention and control, record keeping audits and pilot initiatives. Results and action plans were clearly detailed and shared with staff.

Improvement in staff performance was monitored by personal development plans and informal discussions which were documented by the practice owner. The records we reviewed were filled with sufficient details and action plans. Staff were encouraged to keep up to date with training and development and clinical staff were encouraged and supported to undertake post qualification training.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service. Staff and patients were encouraged to provide feedback on a regular basis either verbally, on feedback forms, the website or social media. The most recent results of the NHS Friends and Family test showed that 100% of 35 respondents were likely or extremely to recommend the service to a friend or family member.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager. Staff meetings were held regularly and staff were encouraged to contribute to the meeting agenda. We observed high levels of staff satisfaction. We reviewed the minutes of staff meetings; topics discussed included infection prevention, staff training, incidents and patient feedback.

The practice encouraged staff to contribute to business plans by holding full team meetings where staff were identified, strengths, weaknesses and opportunities.