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Baycliff Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 August 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

Baycliff dental practice offers mainly NHS treatment to patients of all ages and some private dental care services. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has two dentists who are also the owners, a qualified dental nurse and a trainee dental nurse; in addition to a receptionist. One of the dentists is the practice manager.

The practice is in a single storey building and has a dental treatment room, a large waiting room and a reception area. There is wheelchair access and a large patient car park. Opening hours are from 9.00am until 5.30pm each week day.

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

We viewed 25 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients

Summary of findings

was positive about the care they received from the practice. They commented that staff put them at ease, listened to their concerns and they had confidence in the dental services provided.

Our key findings were:

- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients commented they felt listened to, were fully involved in their treatment and that they had confidence in the dental care provided.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- Staff told us they felt well supported and were comfortable to raise concerns or make suggestions.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.

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 robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays).

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patient. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support. Staff received professional training and development appropriate to their roles and learning needs.

No action



Are services caring?

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

We looked at 25 CQC comment cards patients had completed prior to the inspection and spoke with six patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice, they felt fully involved in making decisions about their treatment and were listened to.

The practice provided patients with information to enable them to make informed choices about treatment. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

No action



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 offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice was in single storey premises with access into the building for patients with restricted mobility and families with prams and pushchairs. Staff had access to a telephone interpreter service when required.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and the practice manager. Staff told us that they felt well supported and could raise any concerns with the practice manager. The practice identified, assessed and managed clinical and environmental risks related to the service provided. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. The practice had systems in place to seek and act upon feedback from patients using the service.

No action



Baycliff Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on the 8 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with the dentists, the qualified dental nurse and the trainee dental nurse. 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 policies and procedures in place to investigate, respond to and learn from incidents and accidents. The practice manager demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had incident and accident reporting systems in place when something went wrong.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon. Relevant alerts would also be discussed during staff meetings to facilitate shared learning.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

National guidelines from the British Endodontic Society recommend the use of a rubber dam in root canal treatment. We found that a rubber dam was not routinely used in root canal treatments. Alternative safety systems

were in place. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Following discussion the principal dentist confirmed a new protocol would be in place as soon as possible which required the use of a rubber dam in root canal treatment. They confirmed a risk assessment would be undertaken in cases where the use of a rubber dam was not possible and the reasons recorded in the patient's dental care records giving details as to how the patients' safety was assured. Following the inspection the principal dentist sent us a copy of the new protocol and evidence that all staff had read and understood it.

We reviewed the practice's policies and procedures for safeguarding vulnerable adults and children using the service. These were reviewed annually and provided staff with information about identifying, reporting and dealing with suspected abuse. They provided staff with contact details for both child protection and adult safeguarding teams in the Liverpool area. The principal dentist was the safeguarding lead for the practice. All staff had undertaken adult safeguarding and child protection training within the last 12 months.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. The emergency medicines and oxygen we saw were all in date and stored in the treatment room. 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).

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Clear guidance for staff about responding to a medical emergency was displayed in the treatment

Are services safe?

room and reception area. Records showed a rolling programme of discussing medical emergency scenarios was in place at each staff meeting to support staff respond effectively should a medical emergency arise.

Staff recruitment

The practice had a policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed clinical 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. Records confirmed these checks were in place. We looked at the files of two new members of staff and found they contained appropriate documentation. A risk assessment was in place to assess if a non-clinical role required a DBS check.

All relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition there was employer's liability insurance which covered all employees working in the practice.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There was a health and safety policy and set of procedures in place to support staff, including for the risk of fire, manual handling and security. The practice maintained a record of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, health and safety, equipment and manual handling. They identified significant hazards and the controls or actions taken to manage the risks. All risk assessments were reviewed annually to ensure they were being effectively managed.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly checked and serviced annually. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire.

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a business continuity policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included an agreement with a dental practice in the area to provide services to their patients. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy kept up to date contact details for staff and support services.

Infection control

The dental nurse was the infection prevention and control lead professional and they worked with the practice manager to ensure there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures. For example, posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed in the treatment room.

Are services safe?

We observed the treatment room appeared clean and hygienic; it was free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Patients were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for the treatment room which were complete and up to date. We observed the practice complied with National Patient Safety (NPSA) guidelines for the cleaning of the premises.

The practice carried out decontamination procedures in the treatment room and there was a clear separation and flow from a dirty to clean areas to reduce the risk of cross contamination. The practice had plans in place to create a separate decontamination room as recommended in HTM 01-05.

The dental nurse showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. The practice routinely manually scrubbed then examined the instruments using an illuminated magnifying glass to check for any debris or damage and sterilised them in an autoclave (a high temperature high pressure vessel used for sterilisation). Sterilised instruments were then placed in sealed pouches with a use by date. There were sufficient instruments available to ensure the service provided to patients was uninterrupted. Staff wore eye protection, an apron, heavy duty gloves and a mask throughout the decontamination process. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

A risk assessment for Legionella was carried out in September 2015 and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). These included maintaining hot and cold water temperature checks and flushing of dental unit water lines with a proprietary disinfectant. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures

taken to minimise the risk to patients and staff of developing Legionnaires' disease. The dental nurse had received legionella training to support them in their lead role for infection prevention and control.

Staff received training regarding infection prevention and control and hand hygiene annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results showed the practice was meeting the required standards.

Equipment and medicines

There was a comprehensive system in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

NHS prescription pads were stored securely and prescriptions were stamped at the point of issue to maintain their safe use. A record of all prescriptions issued was retained by the practice to provide a clear audit trail of safe prescribing. The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to the X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent

Are services safe?

audit in 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP), Department of Health and General Dental Council guidelines. For example, the practice referred to NICE guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

The practice kept detailed electronic records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example we saw details of the condition of the gums using the basic periodontal examination (BPE) scores (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental history. Medical history checks were updated at each visit.

Patient dental care records were audited to ensure they complied with guidance provided by the FGDP. The most recent audit was completed in July 2016 and learning outcomes identified. Patients commented they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health. The practice held an open day in April 2016 to provide patients with information and guidance about maintaining good oral hygiene.

Staffing

The practice had one full time dentist and a dentist who acted as practice manager in addition to holding a small number clinical sessions each month. They were supported by one fully qualified dental nurse, a trainee dental nurse and a receptionist. We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedures such as health and safety requirements, practice risk assessments and patient confidentiality. Mandatory training was identified and the practice manager kept records of staff training to monitor that mandatory training and training identified in personal development plans were being completed. Staff told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

The dental nurse, trainee dental nurse and receptionist had annual appraisals and six monthly reviews at which learning needs and general wellbeing were discussed.

Working with other services

The practice manager explained how they would work with other services. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice

Are services effective?

(for example, treatment is effective)

completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff described the role family members and carers might have in supporting the patient to understand and make decisions. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure

patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

The dental care records we looked at showed that consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 25 CQC comment cards patients had completed prior to the inspection, the results of the NHS Friends and Family Test and spoke with six patients. Patients were positive about the care they received from the practice and commented they were treated with respect and dignity and that staff were sensitive to their needs. Staff were prompted to be aware of patients' specific needs or medical conditions via alerts on the electronic dental care records. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage, with paper records stored in lockable storage cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception.

Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. Staff had access to training and written guidance regarding information governance, data protection and confidentiality.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Treatment plans and associated costs were discussed with each patient. This gave patients clear information about the different elements of their treatment and the costs relating to them. Patients signed their treatment plan before treatment began. NHS costs were displayed in the waiting and reception areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information in the practice leaflet and in the waiting area about the services they offered, the opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. There were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally the same day.

The dentist decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment. Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity policy in place to support staff in understanding and meeting the needs of patients. The practice was in single storey premises with access into the building for patients with restricted mobility and families with prams and pushchairs. Staff had access to a telephone interpreter service to support patients with English as a second language or if it was clear that a patient had difficulty in understanding information about their treatment.

The practice audited the suitability of the premises annually and had recently refurbished the waiting room to provide a more comfortable waiting area for patients.

Access to the service

The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. Opening hours were Monday to Friday from 9.00am until 5.30pm. CQC comment cards confirmed patients felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. 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.

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 ensured a timely response. Information for patients about how to make a complaint, how complaints would be addressed, and the time frames for responding was seen in the patient leaflet and in the waiting room. The practice had received one complaint in the last 12 months which had been responded to in line with its policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and practice manager had day to day responsibility for running the practice and were supported by a senior dental nurse and a receptionist. They took lead roles relating to the individual aspects of governance such as responding to complaints, risk management, audit, maintenance of equipment and staff support. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire, exposure to hazardous substances and the premises.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about equality and diversity, data protection and confidentiality. We noted policies and procedures were kept under review and updated by the practice manager on an annual basis. There was a rolling programme in place for each member of staff to lead on discussing policies and procedures at staff meetings. Staff told us this helped them understand the policies and gave them an opportunity to seek clarification or make suggestions to support the safe running of the service.

Leadership, openness and transparency

Strong and effective leadership was provided by the practice owners. Additional lead roles were in place to support the practice to identify and manage risks and help ensure information was shared with all team members. This included for infection prevention and control, stock control and safeguarding. The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. Staff told us that there was an open culture within the practice which encouraged candour and honesty. The principal dentist told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were structured arrangements for effectively sharing information with and involving the dental team, including holding monthly staff meetings which were documented for those staff unable to attend. We reviewed the minutes of meetings held since April 2016 and found they covered key issues for the dental practice such as operational updates, staff training, feedback from audits and patient feedback.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. There were systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical and non-clinical audits. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice ensured that all staff underwent regular mandatory training in areas such as cardio pulmonary resuscitation (CPR), infection prevention and control, health and safety and safeguarding. The practice manager maintained a record of all staff training to help ensure staff had the right skills and experience to carry out their work.

There was an extensive rolling programme of clinical and non-clinical audits taking place at the practice to monitor and continually improve the quality of the service. These included infection prevention and control, health and safety, patient waiting times, X-ray quality and record keeping. The outcome of audits were discussed at staff meetings to identify where improvement actions may be needed.

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 patients using the service. Patients were invited to raise concerns or make suggestions about the service. For example, following patient feedback the practice had refurbished the waiting area to make it brighter and more comfortable. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results were analysed each month and shared with staff. The results from June 2016 showed all patients who completed the forms would recommend the practice to family and friends.

Are services well-led?

Staff we spoke with told us their views were sought and listened to and that they were confident to raise concerns or make suggestions.