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Epworth House Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 November 2015 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

Epworth House Dental Practice is situated on the edge of Worcester city centre in a residential street. The practice provides NHS and private treatment and carries out dental implant treatment for their own patients and for patients referred to them by other practices.

The practice has five dentists, a dental hygienist, and nine dental nurses. The clinical team are supported by a practice manager and a team of reception staff. The head receptionist was also a dental nurse. The practice has five dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area, main waiting room and two treatment rooms are on the ground floor.

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 67 completed cards and two other notes left by patients in our comments box. Patients were positive about the practice and their experience of being a patient there. People described receiving a flexible, respectful and helpful service. Many made complimentary remarks about the approach of the dentists and other members of the practice team, and the standard of treatment they received. Some patients specifically mentioned that their dentists listened to them attentively and explained their care and treatment in a way they understood. Two

Summary of findings

patients commented that they would like more frequent check-ups and scale and polish appointments and said that they had experienced appointments being cancelled at short notice.

Our key findings were:

- Patients were pleased with the care and treatment they received and complimentary about the whole practice team.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action. The practice used significant events to make improvements and shared learning from these with the team.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable.
- Dental care records provided the necessary information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints policy and procedure and evidence to show they dealt with complaints.
- Although there was a management structure we found that there was overlap of responsibilities in some areas of practice management which were not clearly defined.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- The practice used social media as an additional way to communicate information to patients. One of the dental nurses was delegated the role of keeping the practice's social media profiles up to date and was positive and enthusiastic about the contribution this made to communicating effectively with patients.
- The practice had asked their team to reflect on how the practice provided safe, effective, caring, responsive and well led services in line with the areas we look at in our inspections. Staff had spent time considering and analysing how they and the team worked together to achieve positive outcomes in all these areas. It was positive to see that many of the staff provided examples of their previous or planned future contributions to this.

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

- Review the management structure to ensure all roles and responsibilities are clearly defined.

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. The practice protocols and procedures for the use of rubber dams in root canal treatment did not reflect published guidelines. Staff recruitment procedures did not fully reflect the requirements set out in the fundamental standards but the practice sent us updated versions the day following the inspection.

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. 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 67 completed Care Quality Commission comment cards and two additional notes left by patients in our comments box. We also saw the practice's NHS Friends and Family test results for April to October 2015. Patients were positive about the practice and their experience of being a patient there. People described receiving a flexible, respectful and helpful service. Many made complimentary remarks about the approach of the dentists and other members of the practice team and the standard of treatment they received.

During the inspection the interactions we saw between practice staff and patients were polite, friendly and helpful. When we spoke with staff they talked in a thoughtful and respectful way about patients and gave us examples of support they had provided to patients which demonstrated a caring approach.

Are services responsive to people's needs?

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

Many patients who gave us feedback had attended the practice for many years, while others were very new patients. The majority described a responsive service where patients found it easy and convenient to get routine and urgent appointments. Two said they did not feel they had appointments for check-ups and for cleaning their teeth often enough and said that their appointments were sometimes cancelled. However, we established that the practice based the frequency of patient recall appointments and treatment options on clinical assessments in line with guidance from the National Institute for Health and Care Excellence (NICE).

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access routine treatment and urgent care when required. Information, including about opening hours and emergency out of hours services was available for patients at the practice and on the practice website.

Summary of findings

The practice had a complaints procedure available at the practice and this was explained on the practice website. The practice had evidence to show each complaint had been dealt with but did not have an organised approach to recording and tracking the progress of these.

Are services well-led?

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

The practice had a practice manager who supported the provider in the day to day running of the practice. Although there was a management structure we found that there was overlap of responsibilities in some areas of practice management which were not clearly defined.

The practice had policies, systems and processes which were available to all staff.

The practice team were committed to learning, development and improvement and felt well supported by the provider and practice manager. The staff team were professional and enthusiastic about their work.

Epworth House Dental Surgery

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 24 November 2015 by a CQC inspector and a dentist specialist advisor. 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. We informed the local NHS England area team that we were inspecting the practice. They did not have any concerning information to provide about the practice.

During the inspection we spoke with members of the practice team including dentists, dental nurses, reception staff and the practice manager. We looked around the premises including the treatment rooms and reviewed a range of policies and procedures and other documents. We read the comments made by 67 patients on comment cards we provided before the inspection and in two additional notes left in our comment card box. We also looked at the practice's NHS Friends and Family survey results for April to October 2015.

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 a written significant event policy to provide guidance to staff about reporting and recording significant events. The practice recorded any problems, incidents, accidents or complaints as significant events and used these to support them in improving the practice. We saw well organised significant event records which showed that these processes were well established at the practice. The practice dealt with any significant events at the time they happened, discussed them at every staff meeting and carried out an annual review to monitor the action taken.

The practice checked and shared information with the practice team about national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA). Although the practice already received alerts by various routes the practice manager decided to sign up for the MHRA email alert system so they would receive these direct in future.

Reliable safety systems and processes (including safeguarding)

We spoke with members of the practice team about child and adult safeguarding. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and adults living in circumstances which might make them vulnerable. The practice had up to date safeguarding policies and guidance for staff to refer to. We also saw contact details for the relevant safeguarding professionals in Worcestershire together with flowcharts, checklists and recording templates to aid decision making.

The practice manager was the safeguarding lead for the practice and staff were aware of this. Staff had completed safeguarding training appropriate to their role. This had either been by doing an online course or by attending face to face training. The practice had never needed to make a formal child protection referral but staff described a situation where they had spoken with relevant professionals to assure themselves that a child was not at risk of harm.

We confirmed that not all of the dentists at the practice used 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. Whist some of the dentists used an alternative safety method, the practice was aware of the guidelines and agreed to review their approach regarding this.

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.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice 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. 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.

Staff completed annual basic life support training and training in how to use the defibrillator.

Staff recruitment

We looked at the recruitment records for a recently appointed staff member and the practice's recruitment policy and procedure. We saw that the practice had completed the required checks for this person.

We saw evidence that the practice had not always obtained a new Disclosure and Barring Service (DBS) check when appointing new staff and had accepted copies of checks done for previous employment. They did not have evidence of a structured risk assessment to show how they had decided that a new DBS check was not necessary. 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. However, the practice had recently signed up to use the live DBS system and had registered all of the practice staff for this so they could get up to date DBS information for all staff at any time.

Although the practice had a 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 practice manager said they would review the specific content of the regulation and update their policy accordingly. They did this immediately and sent us a revised procedure and supporting documents the day after the inspection.

There was a structured process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

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 staff welfare, amalgam management, violence and aggression and smoking.

There was a fire risk assessment which had been updated annually and staff took part in fire drills. A member of staff who started at the practice during 2015 confirmed that the practice included fire safety instruction as part of their induction training. The practice was supported to maintain fire safety at the practice by an external company who carried out their routine tests and checks. The practice did not test the fire alarm at other times to assure themselves it remained in working order.

The practice had detailed information about the control of substances hazardous to health (COSHH) in respect of the products and chemicals used in the practice.

There was a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice was visibly clean and tidy. A number of patients who gave us feedback specifically commented on their satisfaction with standards of cleanliness and hygiene.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using the Infection Prevention Society format. We saw that a staff meeting in August 2015 had been used to provide IPC refresher training.

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 spacious and well organised. The separation of clean and dirty areas was clear in both the decontamination room and in the treatment rooms. We observed that the dental nurses worked well as a team to ensure the decontamination arrangements were effective.

We observed the dental nurses during all stages of the decontamination process and saw that the practice's processes for transporting dirty instruments to the decontamination room, cleaning, checking and sterilising were in line with HTM01-05 guidance. The practice has a suitable vacuum autoclave for sterilising instruments used for dental implant work and stored implant instruments in a dedicated cupboard. We confirmed that the practice used a suitable dental motor and handpieces for implant work which were not used for other dental procedures.

When staff had cleaned and sterilised instruments they packed them and stored them in sealed and date stamped pouches in accordance with current HTM01-05 guidelines. The dental nurses kept records of all of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available

Are services safe?

for staff and patient use. The treatment rooms and decontamination room all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

The practice had had a legionella risk assessment carried out by a specialist company and as a result had arranged for a plumber to change some of the pipework in the building. The specialist company was coming back to the practice in December 2015 to check the work carried out. Legionella is a bacterium which can contaminate water systems in buildings. 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 segregation and storage of dental waste was in line with current guidelines from the Department of Health. We observed that some sharps containers did not have the date recorded as expected and that were not all wall mounted. 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. Spillage kits were available for mercury spills and for any bodily fluids that might need to be cleaned up.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a structured system for recording the immunisation status of each member of staff.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included the emergency oxygen, equipment used to sterilise instruments, the compressor and the fire safety equipment.

Prescription pads were stored securely but the practice did not keep a record of the blank prescriptions in stock. The day after the inspection the practice confirmed that they had set up a written log for this. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

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 always justified, graded and reported on to help inform decisions about treatment.

We saw that the practice team had discussed X-ray safety at a staff meeting in September 2015 and there was clear information throughout the practice to support the safe use of radiography. The practice used digital X-ray equipment to remove the need for chemicals for developing images.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with described how they assessed patients and confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). They were aware of and putting into practice the Delivering Better Oral Health guidelines from the Department of Health. The dentists held a weekly clinical meeting to discuss patients' care and treatment.

We saw examples of suitably detailed treatment plans for patients based on the level of care and treatment they needed. Patients were asked to complete an up to date medical history form at the start of a course of treatment and the dentists checked at each appointment that there had been no changes. We looked at a sample of dental care records. These contained the expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment.

The dentists carried out basic scale and polish treatments for NHS patients but patients needing more complex or extensive treatment for their gums were referred to a specialist NHS service in Worcester. Private patients were referred internally by the dentists to the practice's dental hygienist.

Patients' records contained details of the justification for the X-rays following current guidelines. Individual X-rays were graded and the practice carried out regular audits of this.

Health promotion & prevention

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 and a price list was displayed. We saw that information about oral health was clearly recorded in dental care records. Staff integrated information about improving oral health into their overall approach to the care and treatment provided using the Delivering Better Oral Health guidelines. We noted that the practice used diet sheets and diaries to support patients with this when needed.

The practice prescribed fluoride toothpaste where a need was identified and provided fluoride application treatment for children at each check-up appointment. This was available both through the NHS and privately.

The practice used social media to communicate with patients about oral health including sharing information about mouth cancer awareness.

Staffing

The practice aimed to ensure staff members had the skills and training needed to perform their roles competently and with confidence. The practice manager had a structured process for monitoring that members of the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). Staff had annual appraisals and personal development plans. We saw training certificates which showed they had completed relevant clinical and health and safety related training. Two of the dental nurses had received specific training to enable them to assist the dentists with dental implant procedures.

We saw evidence that new staff received training in mandatory subjects such as infection control, fire safety and safeguarding early in their employment and that the practice had a structured, induction process. A dental nurse employed during 2015 described a supportive and thorough induction process which had enabled them to develop their skills and confidence at their own pace. This included opportunities to shadow experienced members of the dental nurse team.

Working with other services

The dentists referred patients as needed to the dental hygienists employed at the practice and to external professionals when necessary. This included referrals for orthodontic treatment, complex extractions, periodontal and root canal treatment. The practice followed the NHS referral guidelines for investigations in respect of suspected cancer.

The practice provided dental implants for patients referred by other dentists. We saw that the practice accepted written referrals and followed these up with telephone discussions with referring clinicians.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 clinical staff we spoke with described how they obtained and recorded patients' consent and provided them with the information they needed to make informed decisions about their treatment. The practice used specific checklists and consent forms to record consent for dental implants. Before implant treatment was started the practice gave patients information about their proposed treatment to consider. This included details of the risks and benefits, failure rates and dietary and smoking cessation advice. They then arranged an appointment for a further discussion of their treatment options and to confirm consent.

The practice had written policy about the Mental Capacity Act 2005. The dentists we spoke with understood their responsibilities when treating patients who lacked understanding regarding the care and treatment they might need. 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. Some dental nurses had already completed a DVD based course about the MCA and other staff were scheduled to do this in January 2016. The dentists also had a good understanding of the guidelines they should follow when considering whether children had sufficient maturity to make decisions about their own care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 67 completed Care Quality Commission comment cards and two additional notes patients had left in our box. Patients were positive about the practice and their experience of being a patient there. People described receiving a flexible, respectful and helpful service. Many made complimentary remarks about the approach of the dentists and other members of the practice team and the standard of treatment they received.

During the inspection the interactions we saw between practice staff and patients were polite, friendly and helpful. When we spoke with staff they talked in a thoughtful and respectful way about patients.

We saw that staff files contained signed confidentiality agreements and staff confirmed they had completed training about how to maintain patients' privacy and confidentiality, including in respect of record keeping. The practice had a leaflet for patients about how they protected their information.

Before the inspection the practice had asked the practice team to reflect on how the practice provided safe, effective, caring, responsive and well led services in line with the areas we look at in our inspections. Many of the staff had written about examples of staff providing thoughtful support to patients many of whom were older and needed additional support. Staff also gave examples when we spoke with them. These included delivering important aftercare information to a patients' home because they had left it at the practice, and delivering denture repairs to older patients with limited mobility to save them coming to the practice.

Involvement in decisions about care and treatment

A number of patients we received information from confirmed that their dentist carefully and clearly explained the care and treatment they needed and checked they understood. This approach was reflected in our conversations with the dentists and dental nurses and in the dental care records we saw. The dental nurses we spoke with confirmed that the dentists were reassuring towards patients and gave them clear verbal and written explanations of their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 67 completed Care Quality Commission comment cards and two additional notes patients had left in our box. Many of these patients had attended the practice for many years, while others were very new patients. Most were complimentary about the service they received. Two said they did not feel they had appointments for check-ups and for cleaning their teeth often enough and said that their appointments were sometimes cancelled. However, we established that the practice based the frequency of patient recall appointments and treatment options on clinical assessments in line with guidance from the National Institute for Health and Care Excellence (NICE).

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access routine treatment and urgent care when required.

There was information for patients in the waiting room. This included details of NHS and private charges and details of a dental payment scheme available to patients. The practice used social media as an additional way to communicate information to patients. One of the dental nurses was delegated the role of keeping the practice's social media profiles up to date and was positive and enthusiastic about the contribution this made to communicating effectively with patients.

Tackling inequity and promoting equality

Staff told us that they rarely saw patients who were not able to converse confidently in English but if necessary they had access to an interpreting service. The practice had an induction hearing loop to assist patients who used hearing aids and staff said the practice did not currently have any patients who needed a British Sign Language interpreter.

The practice building was a large detached house in a residential street within walking distance of Worcester city centre. There was level access into the building. The reception, waiting room, an accessible patients' toilet and two of the five treatment rooms were on the ground floor. Staff told us that they always booked patients with restricted mobility to be seen in the ground floor treatment room.

Access to the service

Patients we received feedback from mostly described a responsive service where patients found it easy and convenient to get routine and urgent appointments.

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

Monday to Friday (except Wednesdays) – 8.30am to 5pm

Wednesday – 8.30am to 7.15pm

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. Several patients who gave us feedback mentioned being seen promptly when in pain.

The practice provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the NHS 111 number when the practice was closed. This information was also provided on the practice website.

Concerns & complaints

The practice had a complaints policy and procedures, and information leaflets for NHS and private patients. These provided 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 information was also available on the practice website.

We noted that although most comments were positive there was one negative comment on the NHS Choices website in the last year. The practice had responded to this by suggesting the patient contact the practice manager so that the practice had the opportunity to look into their concerns.

Staff told us that complaints were dealt with as significant events and as such were discussed at practice meetings as a routine agenda item.

We looked at the records of three formal complaints which were the only ones received during the previous year. Whilst all the relevant information was available, and each complaint had been dealt with, the practice did not have a

Are services responsive to people's needs?

(for example, to feedback?)

system to record and track the progress of these. The dentists and the practice manager all had involvement in the various steps in the complaints management process but this was not co-ordinated in an organised way to help monitor progress. The day after the inspection the practice sent us a form they had devised to address this.

Are services well-led?

Our findings

Governance arrangements

The practice had a practice manager who supported the provider in the day to day running of the practice. Although there was a management structure we found that there was overlap of responsibilities in some areas of practice management such as staff recruitment and complaints handling which were not clearly defined.

The practice's statement of purpose outlined their aim to provide a high standard of dental treatment in a caring, safe and thoughtful environment. They had a range of policies and procedures to support them in this. These were available for staff to refer to as needed.

Staff meetings took place approximately every four to six weeks and staff confirmed they always received a copy of the staff meeting minutes so they had a record of what was discussed and agreed. We noted that the staff meeting agendas followed a set structure to ensure that relevant topics were always covered. These included significant events, safety alerts, policy discussions, clinical governance and skills, and general discussions about the running of the practice and dental care in general. The meetings were scheduled for a day of the week when all staff worked and took place during an extended lunch break so everyone could take part.

The practice used a commercial quality assurance and governance system to assist them in the governance and management arrangements for the practice. The practice manager had a timetable of audits to be completed during the year. These included infection control, record keeping, safe use of X-ray equipment, domestic cleaning, waste audits, hand hygiene and workstation assessments.

Leadership, openness and transparency

Staff felt well supported by the practice manager and clinicians and told us they loved working at the practice. The practice was long established and most of the team had worked there for a long time providing continuity which patients appreciated.

Management lead through learning and improvement

There was a positive atmosphere at the practice and staff were friendly and enthusiastic. The members of the practice team we met were committed to learning, development and improvement. Training and staff appraisals took place and the practice used staff meetings for training and development and for information sharing. The dentists held weekly clinical meetings to discuss best practice guidelines and patients' treatment plans.

Before the inspection the practice had asked the practice team to reflect on how the practice provided safe, effective, caring, responsive and well led services in line with the areas we look at in our inspections. They gave us copies of the written responses from staff. These showed that staff were interested in and committed to their work. Staff had spent time considering and analysing how they and the team worked together to achieve positive outcomes in all these areas. It was positive to see that many of the staff provided examples of their previous or planned future contributions to this.

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

The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for April to October. These showed that from a total of 295 responses 221 patients were 'extremely likely' to recommend the practice and 67 were 'likely' to do so. Four patients either 'did not know' or had no definite view. Only three (ie 1%) said they were 'extremely unlikely' to recommend the practice. Sixty seven of the 69 patients we received direct feedback from made only positive comments about the practice. Two made negative comments regarding the frequency of treatment and appointments being cancelled. We found no widespread evidence that appointments were cancelled frequently and confirmed that the practice followed NHS guidelines for the frequency of patients' treatment courses.

Staff we spoke with felt they were listened to and would be able to voice their views or raise any concerns about the practice if they needed to.