Spadental Ross On Wye LLP

Berkeley House Dental Practice

Inspection Report

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Date of inspection visit: 14 March 2016
Date of publication: 02/05/2017

Overall summary

We carried out an announced comprehensive inspection on 14 March 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

Berkeley House Dental Practice is in the Herefordshire town of Ross On Wye. The practice opened in 2006 and provides private dental treatment for all age groups. It is a very small practice with a team of five - the dentist, a dental hygienist, a dental nurse, a receptionist and a practice manager.

The practice is owned by a limited liability partnership which, as a condition of their registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. At Berkeley House this is the dentist.

The practice has a ground floor treatment room and a separate decontamination room for cleaning, sterilising and packing dental instruments. There is level access throughout the practice apart from two steps from outside into the building. The practice has a portable ramp if a patient needs this.

The dentist and dental hygienist work part time at the practice which is open Monday to Thursday so patients can call in or telephone. Patients can also book

Summary of findings

appointments at the provider's other practice in Ledbury. The dentist provides an emergency dental service for patients. They arrange to see them out of hours if necessary at either the Ross or Ledbury practice depending on which suits the patient. The practice has an arrangement with other practices in Ross and Ledbury so patients needing emergency dental treatment can be seen when the dentist is on holiday or attending full day dental events. The information leaflet provides telephone numbers for patients needing emergency dental treatment when the practice is not open.

Before the inspection we sent CQC comment cards to the practice for patients to give us their views. We collected 31 completed cards and spoke with one patient during the inspection.

Patients were complimentary about the service they receive and said the practice team were professional, polite and attentive.

Our key findings were:

- The practice was visibly clean and patients confirmed this was their experience. Staff followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had the recommended medicines and equipment needed for dealing with medical emergencies. Staff checked these to make sure they worked and were within their expiry dates.
- Staff received training appropriate to their roles and were encouraged and supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used survey forms to enable patients to give their views about the practice.
- The practice had clear governance arrangements including policies, procedures and risk assessments to help them manage the service safely.
- The practice used audits to monitor quality in a range of areas and make improvements to the service.

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

- Review the practice's policy for recording and reviewing incidents and significant events to reflect a broader range of events.
- Review the current Legionella and fire risk assessments giving due regard to national guidelines that such assessments should be completed by persons with the necessary skills, knowledge and experience to do so.
- Review the practice's arrangements for monitoring that the refrigerator temperature is monitored and recorded.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 as it relates to their role.

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?

No action

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

The practice had systems to assist in the safe management of the service including the care and treatment provided to patients.

There were policies and risk assessments for important aspects of health and safety.

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals was available.

Are services effective?

No action

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

The practice assessed patients' care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. They provided patients with written treatment plans and patient feedback confirmed that their dentist listened to them and explained their care carefully and thoroughly. Patients were referred to other dental and NHS services when this was necessary.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent from patients. The registered manager was aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

Are services caring?

No action

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

All of the information we received from patients was complimentary. People told us the practice team were professional, polite and attentive and that they were treated with care and consideration.

The practice had policies and processes for ensuring patient confidentiality and protecting personal information. We saw that the team had good relationships with regular patients and knew them well.

Are services responsive to people's needs?

No action

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

Patient feedback was very positive and confirmed that patients received a personalised service that met their needs.

Summary of findings

Patients confirmed they were able to obtain routine and urgent appointments. The dentist and dental hygienist work part time at the practice which is open Monday to Thursday so patients can call in or telephone. Patients can also book appointments at the provider's other practice in Ledbury. The dentist provides an emergency dental service for patients. They arrange to see them out of hours if necessary at either the Ross or Ledbury practice depending on which suits the patient.The practice has an arrangement with other practices in Ross and Ledbury so patients needing emergency dental treatment can be seen when the dentist is on holiday or attending full day dental events.The information leaflet provides telephone numbers for patients needing emergency dental treatment when the practice is not open.

The practice had assessed the building to help them make reasonable adjustments for patients with physical disabilities and those living with dementia.

There was a suitable complaints procedure which described how patients could raise concerns about their care and treatment. The practice confirmed they had not received any complaints.

Are services well-led?

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

No action

The practice had policies, procedures and risk assessments to support the management of the service. The practice's arrangements for management and administration of the service were effective and the practice team worked together well.

An annual appraisal system had been established and staff told us they were well supported by the registered manager and practice manager.

The practice used a mixture of informal communication and staff meetings to provide training and to discuss the management of the practice and the care and treatment provided.

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

The inspection was carried out on 14 March 2017 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the dentist, dental nurse, receptionist and practice manager. We looked around the premises including the treatment room. We viewed a range of policies and procedures and other documents, read the 31 comment cards filled in by patients and spoke with one patient.

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 policy about accidents, incidents and significant events and forms for staff to use to report incidents. The dentist gave us information about some events which fell within the definition of a significant event. The practice had not recorded these in the significant events folder. The practice was aware of the requirement to record and report accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and used suitable accident record forms.

The practice received national alerts about safety issues such as those relating to medicines and equipment. The practice printed any relevant to the practice and kept them in a clearly marked folder. They had a system for recording that they had checked theses. The practice manager informed us they had checked recent alerts about a medicines recall and a fault with a brand of automated external defibrillator (AED) to confirm they did not have the items in question. They did not record they had done this and acknowledged this would have provided evidence of the action they took.

The practice had information about the legal requirement, the duty of candour. This legislation requires health and care professionals to tell patients the truth when an adverse incident directly affects them. The practice told us no incidents had happened where the practice would have needed to take this into account.

Reliable safety systems and processes (including safeguarding)

The staff were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in circumstances that made them vulnerable. The dentist was the practice's safeguarding lead. The practice had child and adult safeguarding policies and procedures based on national and local safeguarding guidelines. Contact details for the relevant local safeguarding professionals were available. Staff had completed safeguarding training at a level suitable for their roles.

The dentist confirmed they used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society and we saw that this was available in the treatment room. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The 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. The practice used single use syringes designed to minimise the risk of sharps injuries. The dental nurse confirmed they were never asked to handle syringes and needles and so were not at risk of injury.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of the checks they did to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This did not specify all of the details set out in the relevant regulations. The registered manager immediately amended the policy and added a copy of the specific page of the regulations to refer to. No new staff had started work at the practice since 2013.

The practice policy was to obtain Disclosure and Barring Service (DBS) checks for all members of staff, whatever their role. 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.

The practice had evidence that the clinical staff were registered 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 health and safety policies and risk assessments covering general workplace and specific dentistry related topics. The practice's employer's liability insurance and staff professional indemnity insurance was up to date.

Are services safe?

The practice had information about the control of substances hazardous to health (COSHH). The folder included manufacturers' data sheets and risk assessments for dental products and other products used at the practice.

The practice had a fire risk assessment completed in 2008. The practice reviewed this in 2012 and acknowledged that they needed to revisit this. They carried out monthly checks of the fire safety precautions and used a staff meeting once a year to do fire safety training.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. This included details of relevant contacts including staff members and contractors. The registered manager kept a copy off site so information was available if the building was unsafe to enter.

Infection control

The practice was visibly clean and tidy when we inspected. Patients who commented on this in their comment cards confirmed this was their experience. Cleaning equipment was available and colour coded appropriately to help reduce the potential for cross infection. The practice had cleaning schedules to specify the various cleaning tasks to be carried out and the frequency of these.

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. The practice had a comprehensive infection prevention and control (IPC) policy and completed IPC audits twice a year using a recognised format. One of the dental nurses was the IPC lead for the practice.

We reviewed the practice's processes for the cleaning, sterilising, and storage of dental instruments and looked at their policies and procedures which were in line with HTM01-05.

Decontamination of dental instruments was carried out in the separate decontamination room by the dental nurse. They confirmed that they always had time available to do this between appointments, at the end of morning surgery and at the end of the day. The clean and dirty areas of the decontamination room and treatment rooms were clearly identified.

The practice kept records of the expected decontamination processes and checks including those to confirm that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

We saw a protocol for manual cleaning of instruments on the wall of the decontamination room but there was no thermometer for checking the water temperature when this was done. The dental nurse told us that they never actually carried out manual cleaning. The practice manager confirmed this but acknowledged that they needed a thermometer in case they needed to clean instruments manually, for example if the ultrasonic cleaner stopped working.

There was a designated hand wash basin in the treatment room for hand hygiene but not in the decontamination room. Liquid soap and hand gel was provided in the treatment room and there was hand gel in the decontamination room. The dental nurse described the process they followed to clean their hands appropriately when they worked in the decontamination room and moved between there and the treatment room.

The practice had the expected personal protective equipment for staff and patients. There was liquid soap and paper towels in the staff and patient toilets.

Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids or mercury spillage safely.

The registered manager carried out a Legionella risk assessment in 2008 and had reviewed this in 2012. Legionella is a bacterium which can contaminate water systems in buildings. Initially staff had completed regular water temperature checks but discontinued this in 2012. This was because they assessed that the type of hot water heaters in the practice meant temperature checks were not needed. We discussed the importance of Legionella risk assessments being completed by a competent person. This is someone with the necessary skills, knowledge and experience to do so and the dentist and practice manager said they would consider arranging an assessment by a specialist company.

The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm, such as Legionella, in the dental waterlines. They completed regular testing of

the water line system using a facility provided by the manufacturer of the chemical. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions.

The majority of the practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. We saw they used white bags inside the orange bags specified for contaminated waste. We discussed the possibility of a white bag coming out of an orange bag and being mistakenly identified as normal household waste. The practice said they would stop this practice immediately. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents. Waste was stored securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was displayed for staff to refer to and they were aware of what to do. The immunisation status of each member of staff was available in staff records. The practice used appropriate secure boxes for the disposal of sharp items.

The practice occasionally had a specialist dental implantologist come to the practice to see patients. The registered manager told us this was infrequent. On those occasions the specialist brought their own specialist sterilised equipment.

We saw some loose local anaesthetic cartridges in a drawer. These were not stored in their original blister packs or in a lidded box to reduce the risk of cross infection.

Equipment and medicines

We saw the expected maintenance records for the equipment at the practice including the X-ray machine, the equipment used to clean and sterilise instruments and the compressor.

The practice's portable electric appliances were checked in 2013. The practice had booked a full electrical installation and portable appliance check for 2018 based on guidance from an electrical contractor. The contractor had told them that the size of the premises and relatively low use of electrical items meant these were low risk and did not need to be checked every year. This information was not included in the practice's electrical safety risk assessment.

The practice held a small supply of antibiotics for dispensing to patients. These were stored securely and the practice had suitable stock control records. Staff labelled medicines with the required information for patients and provided them with manufacturers' patient information leaflets. The practice stored prescription pads securely and kept records of serial numbers in line with NHS guidance on prescription security. These were not endorsed with a practice stamp until completed, dated and signed by a dentist for a specific patient.

The practice had a refrigerator to store temperature sensitive medicines and dental materials. They did not have a thermometer or keep records to enable them to monitor the temperature.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits in line with current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

The practice used beam aiding devices and rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The clinical staff were aware of published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies. This included NICE guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals. Although as a private service the practice had no contractual obligation to do so, the dentist confirmed they took these into account when planning and providing treatment.

The dentist kept detailed records about patients' dental care and treatment. This included an assessment of each patient's risk factors for tooth decay, gum disease and oral cancer.

The dentist assessed the condition of the patients' gums using the basic periodontal examination (BPE). The BPE is a simple and rapid screening tool used to indicate the level of treatment needed in relation to a patient's gums. The dentist referred patients to the practice's dental hygienist for ongoing advice and treatment for their gums. They referred patients who needed complex treatment for gum disease to specialist periodontal services.

The practice asked patients to fill in a medical history form and checked and updated this information at every appointment.

Health promotion & prevention

The practice was in an area which did not have fluoridated water. The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They said they would use fluoride varnish for children based on an assessment of the risk of tooth decay for each child but very few of their patients were children.

The dentist discussed smoking, alcohol consumption and diet with patients as these all have an impact on oral health. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

We confirmed clinical staff completed the continuous professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had copies of staff training certificates and we saw evidence that staff kept records of their individual CPD.

Because the practice only had one dental nurse they had arrangements to provide cover if this was ever needed. They either used a regular dental nurse from an agency or the dental nurse from their other practice in Ledbury.

We saw that the practice had a staff appraisal system to provide opportunities to identify learning needs and professional development plans.

The practice had an induction programme for new staff if needed but no new staff had started work there since 2013.

Working with other services

The practice had a referral policy for referrals to other dental or health services. This was usually because a patient needed specific specialist care or treatment the practice did not provide. The dentist also referred patients to the practice's dental hygienist and this was recorded in patients' records. The practice had a referral tracking process which they introduced in response to a suggestion from the dental nurse.

Patients were referred for investigations in respect of suspected oral cancer in line with NHS guidelines. This included referrals under the national maximum two week wait arrangements. The dentist told us that they gave patients a copy of their referral letter for their information.

The practice sometimes had a specialist dental implantologist come to the practice to treat patients. The registered manager told us this was infrequent. On those occasions the specialist brought two of their own experienced dental nurses with them to assist.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Depending on the treatment a patient needed the dentist recorded verbal consent in the notes or provided written treatment plan estimates which they asked patients to sign. Patients said the dentist listened to them and gave them clear information about their treatment and the options available to them.

Are services effective?

(for example, treatment is effective)

The practice had a consent policy which included information about the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice's consent policy referred to decision making where young people under the age of 16 might be able to make their own decisions about care and treatment. The dentist was aware of the need to consider this when treating young people although the majority of the practice's patients were adults. The dental nurse was not aware of the MCA and its relevance to the dental team and said they would investigate training to address this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 31 completed CQC comment cards and by speaking with one patient during the inspection. The information they gave was complimentary. People told us the practice team were professional, polite and attentive and treated them with care and consideration. During the inspection we observed that staff were warm and helpful with patients and knew them well.

The reception desk and ground floor waiting area room were in the same room. Staff told us that it was unusual for more than one patient to be waiting due to the generous spacing of appointments. This meant people had privacy to discuss things but if someone wanted more privacy they used the practice manager's office for this. The computer screen in reception was positioned so patients could not see it and staff took care not to leave personal information where it would be visible to others.

The practice had confidentiality, data protection and information governance policies and staff had signed to confirm they had read and understood these.

Involvement in decisions about care and treatment

Patients said they were happy with the level of advice and care they received. They commented that the dentist listened to them, answered questions patiently and gave careful and thorough explanations of their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients provided a positive picture of a service which met their needs and was flexible and efficient.

Staff told us few of their patients needed specific support to enable them to receive treatment. They said because they only had 450 patients they knew most people very well and noticed changes which suggested someone needed more help. They felt this was important because at least half their patients were over 60. The team explained that fewer than 20 of their patients were children and that they provided free check-ups for those whose parents were registered with the practice.

We discussed the appointment system with reception staff. They explained the length of appointments reflected the treatment needed. The dentist recorded this in patients' treatment plans which they could look at these on the computer to know how long an appointment needed to be. They said the dentist frequently came to the desk with patients to discuss this.

The practice had a patient information leaflet providing information about the practice and the service it provided. Patients were provided with written information about the fees for private treatment.

Tackling inequity and promoting equality

The practice had assessed the premises to help them make reasonable adjustments for patients with physical disabilities. After attending a course about dementia awareness they also assessed how they could make the practice more welcoming and helpful for patients living with dementia illnesses.

There were two steps from outside into the building and the practice had a portable ramp available if a patient needed this. There was sufficient space within the building for patients who used wheelchairs except the patient toilet. The provider rented the premises and was therefore limited in the structural alterations they could make.

Following the dementia training day the practice manager assessed the premises using a Kings Fund assessment document called 'Is your health centre dementia friendly?'. As a result they changed the toilet seat to a bright contrasting colour to assist patients with dementia related needs and also those with poor vision. They changed the locks on the patient and staff toilet doors to a type that could be opened from outside if necessary. They also put clearer labels by the hot taps in both toilets. There were no grab rails and the registered manager said they would arrange to do this.

The practice did not have a hearing loop to assist patients who used hearing aids. The team were confident that they did not currently have any patients who would find this helpful. They said they would survey patients to confirm this and would obtain one if needed. We noted that the medical history form already included a question for patients to highlight any disability they wished the practice to be aware of. The practice's disability policy confirmed that they would provide information in large print if needed. The practice had guidance for staff about supporting patients with a disability. This described various ways staff could provide help in a discreet, inclusive and respectful way.

Staff told us that they did not have any patients who were unable to manage a conversation in English but confirmed they would arrange translation services for other spoken languages and for British Sign Language if needed.

Access to the service

Patients confirmed they were able to obtain routine and urgent appointments. Staff told us they wrote to patients to let them know they were due for a check-up and sent one reminder letter if they did not get in touch.

The dentist and dental hygienist worked part time at the practice. The practice was open Monday to Thursday so patients could call in or telephone.

Appointments were available –

Monday 9am to 5pm (closed 1pm to 2pm) – dentist

Tuesday 9am to 5pm (closed 1pm to 2pm) – dentist one week, hygienist the other

Wednesday (9am to 1pm – reception only)

Thursday 9am to 5pm (closed 1pm to 2pm) – dentist all day one week, half day the other week, and hygienist every other week.

Friday – closed.

The dentist provided an emergency dental service for patients. They arranged to see them out of hours if

Are services responsive to people's needs?

(for example, to feedback?)

necessary at either the Ross or Ledbury practice depending on which suited the patient. The practice had an arrangement with other practices in Ross and Ledbury so patients needing emergency dental treatment could be seen when the dentist was on holiday or attending full day dental events.The information leaflet provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Concerns & complaints

The practice had a complaints policy and patient information leaflet which included a form they could use to put their concerns in writing. This provided information about how the practice would respond to complaints and the telephone number of the Dental Complaints Service an organisation which can look into complaints about private dental treatment. The leaflet also informed patients they could contact the General Dental Council and CQC. Copies of this were placed on the desk in reception so patients could take one without needing to ask the receptionist.

The practice had not received any complaints since 2012. We looked at their written response to that patient; this was friendly, constructive and positive.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

The practice had policies, procedures and risk assessments to support the management of the service and to protect the safety of patients and staff. These included arrangements to monitor the quality of the service and make improvements. Staff knew the management arrangements and their roles and responsibilities.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

We saw that the small practice team worked well together and had friendly and supportive relationships. Staff told us the registered manager and practice manager were approachable and easy to talk to. They told us they felt able to raise any concerns they might have.

The practice had policies regarding harassment and the duty of candour and these were available for staff to refer to. There was a whistleblowing procedure for staff to follow if they identified concerns at the practice.

Management lead through learning and improvement

The practice had quality assurance processes to encourage learning and improvement. These included audits of dental care records, X-rays and infection prevention and control, waste management, safe use of sharps and personal protective equipment. The results of the audits completed in 2016 and 2017 were positive and so no actions plans were needed.

The registered manager and practice manager valued the contributions made to the team by individual members of staff. Staff told us they had annual appraisals where they could discuss their learning needs and professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

The practice team was small and they told us they discussed issues each day. They also held staff meetings every three months where staff could raise topics for discussion. We looked at some staff meeting minutes. These showed that staff discussed a variety of important topics at the meetings. These included complains handling, medical emergencies, infection control, the findings of the dementia assessment and fire safety.

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

The practice provided patient survey forms in the waiting room so patients could give their views about the service and they had numerous completed forms. This included nine questions about the service with the option of a positive or negative answer and space for additional comments. All but one patient had answered 'yes' to every question. One person had replied 'no' to one question about being aware of costs before treatment began. None of the forms was dated and so it was not possible to tell when patients had filled them in. The practice manager said they would include the date on future forms so they would be more useful in monitoring patients' views as time passed.