Hatfield Peverel Surgery Limited

Hatfield Peveral Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 March 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

Hatfield Peverel Dental Surgery provides mostly NHS dental treatment to adults and children. It also provides a number of additional private treatments such as cosmetic crowns, tooth whitening and dental implants.

The practice has four dentists (principal, dentist, associate and foundation) working a variety of clinical sessions over a week. Three part time dental hygienists and four qualified dental nurses, three student dental nurses complete the clinical team. They were supported by a practice manager and receptionists. The practice opens from Monday to Thursday between 8am and 5.30pm and 8am to 2pm on Friday. Emergency appointments are available each day.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. One of the principal

Summary of findings

dentists (also the registered manager) is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one dentist who is in their first (foundation) year of practice.

The practice's premises consist of four treatment rooms, a patient waiting room, a sterilisation suite and a small staff room.

We spoke with five patients during our inspection and also received 47 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the practice. Patients told us they were very happy with the quality of the dental care they received; that staff were professional and caring, and the practice's hygienists had helped them manage and reduce their gum disease.

Our key findings were:

- Patients registered at the practice were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.
- There was a system in place to learn from and make improvements following any accidents, incidents or significant events.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it
- The provider complied with patient safety alerts but there were not processes to cascade the information to all staff.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines. However a risk management process had not been undertaken for the safe use of sharps (needles and sharp instruments).
- Premises and equipment were clean, secure and mostly maintained. We identified that the radiography equipment had not been serviced according to manufactures recommendations.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations; However a rubber dam was not used universally by all clinicians for root canal treatments as recommended by guidelines
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Members of the dental team were up to date on their continuing professional development in general dentistry; however clinicians' undertaking sedation had not attained sufficient training as recommended by dental guidance.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- There was an effective complaints system.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- Audit process functioned well and had a positive impact in relation to quality governance, with clear actions to resolve concerns; however the x-ray audit had not been repeated since 2014.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the waste policy ensuring waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review the practice's audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service.

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.

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. The provider complied with patient safety alerts but there were not processes to cascade the information to all staff. Infection control procedures were in accordance with the published guidelines. However a risk management process had not been undertaken for the safe use of sharps

Staff had been trained in safeguarding vulnerable adults and children. There were guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters.

Infection control procedures followed published guidance to ensure that patients were protected from potential risks. Equipment used in the decontamination process was maintained by a specialist company and regular frequent checks were carried out to ensure equipment was working properly and safely.

The practice carried out radiographs (X-rays). However, the X-ray equipment had not been maintained in line with published guidance, and the radiation protection file did not contain the required information.

Are services effective?

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

Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept most of their mandatory training up-to-date and received professional development appropriate to their role and learning needs (except in relation to sedation). Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Oral health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

The staff provided patients with treatment that was personalised specifically for them. Their assessment of treatment needs took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and told us they were treated with dignity and respect at all times. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Summary of findings

Staff took time to interact with patients and those close to them in a respectful, appropriate and considerate manner. Patients told us they felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

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

Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet.

Appointment times were scheduled to ensure patients' needs and preferences were met. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain, extending their working day if necessary. There was evidence of reasonable effort and action to remove barriers when patients find it difficult to access or use the service.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practices vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a process in place to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Hatfield Peveral Dental Surgery

Detailed findings

Background to this inspection

The inspection was carried out on 16 March 2016. The inspection was led by a CQC inspector and a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff and patients, observations and reviewing documents.

During the inspection we spoke with the two dentists, two dental nurses, receptionists and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 47 completed CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

Reliable safety systems and processes (including safeguarding)

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

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

We spoke with two dentists about the use of rubber dams. We were told that the uses of rubber dams were not universally used in all cases. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

A risk management process had not been undertaken for the safe use of sharps (needles and sharp instruments). Dental nurses routinely removed matrix bands post treatment they had not received any specific training for this role and no risk assessment had been undertaken for this role.

We saw that all staff had undertaken fire safety training. The practice had fire extinguishers and a fire alarm system. Fire safety risk assessments were in place and regular fire evacuation drills were carried out.

Medical emergencies

Staff had the training skills and up to date knowledge to recognise and respond appropriately to signs of deteriorating health and medical emergencies. The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. 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).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service 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.

Monitoring health & safety and responding to risks

Are services safe?

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, fire evacuation procedures and risks associated with Hepatitis B. There were robust processes in place to monitor and reduce these risks so that staff and patients were safe.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, these were not received by e-mail the provider told us they were sent by mail. The provider was aware of how to report medicine adverse reactions by the yellow card system in the British national formulary.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised, these processes were compliant with relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A formal Legionella risk assessment had been carried out by an appropriately qualified and competent person in 2015; water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained; however they were not signed or dated as per legislation requirement. This was rectified prior to the end of the inspection. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view. We saw the external waste bin was overflowing and accessible to the public. We discussed this with the provider and they said they would move the bin into a lockable area.

Equipment and medicines

Are services safe?

There were some systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen cylinder; however the X-ray equipment servicing was overdue. We discussed this with the provider who resolved to immediately address this. We received confirmation after our inspection that this had been carried out and no problems were identified. An effective system was in place for the prescribing, dispensing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. During the inspection we saw several items including local anaesthetic ampules which were not stored securely. This was brought to the attention of the provider who told us the draws would be tidied and the local anaesthetic ampules would be left in their blister pack until needed for use.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safe use of the equipment; however the servicing date had expired. We saw local rules relating to each X-ray machine were available. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We asked to see evidence that the dentists had completed this training within the last five years. The provider told us three out of the four dentists had training. We were not assured that all of the dentists had completed the recommended training and discussed this with the provider. They resolved to address this immediately by identifying which dentist was not up to date and arranging for the relevant training to be undertaken.

After our inspection the practice provided us with information which demonstrated all dentists were up to date with their IRMER training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and the General Dental Council (GDC). Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on Care Quality Commission (CQC) comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Information about patients care and treatment, and their outcomes, was routinely collected and monitored. This included assessments, diagnosis and referrals to other services. This information was used to improve care. Outcomes for patients at the practice were positive, consistent and met patient's expectations.

Three part time dental hygienists worked at the practice. They and the dentists provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. However staff spoken with were not aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. Staff told us they did not use this toolkit in their daily practice.

Staffing

Records showed staff were up to date with most of their continuing professional development (CPD) including infection control, safeguarding and management of medical emergencies. (All dental professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

However CPD for conscious sedation - (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation) was not up to date. We discussed this with the dentist who informed us that it has been difficult to secure a course and they had done extensive in-house training.

The practice had not reviewed staff training requirements in conscious sedation as set out in The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. Both the dentist and the dental nurse had not undertaken any recent CPD on this subject.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support of a dental nurse

Working with other services

The systems to manage and share the information that is needed to deliver effective care were coordinated across services and supported integrated care for patients at the practice. The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by them, for example orthodontic treatment. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any concerns during the examination of a patient's soft tissues. The principle dentist explained how advanced periodontal

Are services effective?

(for example, treatment is effective)

cases were referred for specialist treatment. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

Consent to care and treatment

The practice ensured consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients signed consent forms for treatments such as endodontics, extractions and prosthodontics. Dental care records we reviewed reflected this. Patients were given time to consider and make informed decisions about which option they wanted.

All staff had some knowledge but no formal training around the Mental Capacity Act 2005 (MCA). This 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 them. Staff spoken with had an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The waiting area was situated away from the reception area which helped to ensure that conversations held at the reception desk could not be heard by patients waiting to be seen. Staff spoken with said that they had all signed a confidentiality agreement and were aware of the steps to take to keep patients' personal information confidential. We observed staff greeting patients in a friendly and helpful manner. Feedback from patients confirmed that they were treated with respect; privacy and dignity was always maintained.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored on paper and electronically, paper records were securely stored in lockable cabinets. Computers were password protected and regularly backed up to secure storage. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Patients who were anxious about dental treatment told us that the dentist always put them at ease. Comment cards received also recorded that the dentist and all staff were professional, caring and patients had trust in the staff. Dental nurses we spoke with explained the steps they took to ensure that patients felt at ease and were not anxious about receiving dental treatment. This included inviting anxious patients to wait in a separate room prior to their treatment and explaining the treatment to patients in detail, giving them the option to stop the process at any time if they felt uncomfortable.

Involvement in decisions about care and treatment

Patients who were registered at the practice were active partners in their care. Staff were fully committed to working in partnership with patients. Patients' individual preferences and needs were always reflected in how their treatment was delivered. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients told us that staff responded quickly and compassionately if they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and hygienists could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they did not feel rushed and had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they would access a translation service if required and that they could provide written information for people who were hard of hearing and use large print documents for patients with some visual impairment.

Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. This was reflected in patients' feedback we reviewed.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timescales in which complaints would be responded to, and also listed external agencies that patients could contact if they were not satisfied with the practice's response.

Staff had received specific training in managing complaints and showed a good knowledge of the practice's procedures. Patients' complaints were a standing agenda item at the practice's monthly meetings.

We viewed the practice's paperwork in relation to a complaint. We noted that they had been recorded in detail, investigated thoroughly and a written and empathetic response had been sent to patients. This assured us that the practice took patients' complaints seriously.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There was an established leadership structure within the practice, with clear allocation of responsibilities amongst the staff. Staff we spoke with were all clear about their own roles and responsibilities.

There has been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance. There was a system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were maintained and files were kept that were updated; however maintenance of equipment had expired on the X-ray equipment and some policies required reviewing. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

Communication across the practice was structured around a monthly meeting involving all staff. This was the key forum for discussing health and safety incidents, safeguarding and patient feedback. Minutes of these meetings were detailed and staff were invited to submit their own agenda items each month.

In addition to a number of regular audits for radiography, infection control and dental records, the manager completed daily and monthly checks of the service, to ensure it complied with fire, and health and safety legislation.

Leadership, openness and transparency

The practice manager was experienced and effective in her role. Staff told us the manager was supportive and provided additional coaching to assist the trainee dental nurses to pass their exams.

Staff clearly enjoyed their work citing good team work, support and access to training as the reason. They reported there was an open culture within the practice and they had the opportunity to raise their concerns. They reported that the practice manager and dentists were very approachable.

The practice whistle blowing policy was available and listed two points of contact within the practice for staff to raise any concerns and also external organisations. The practice manager was fully aware of the requirements of the Duty of Candour and there was a specific procedure to ensure the practice meet its obligation in relation to this.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping and consent processes; however the X-ray quality audit had not been repeated since 2014 and should be recurring annually. The remaining audits were repeated at appropriate intervals to evaluate

whether or not quality had been maintained or if improvements had been made.

The auditing system demonstrated a good standard of work with only small improvements required. We saw notes from staff meetings which showed that results of audits were discussed in order to share achievements or action plans for improving performance.

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

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the January 2016 test. There were 22 respondents; 100% stated that they were extremely likely or likely to recommend the practice to family and friends.

We saw the practice held various meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions. For example, there were regular clinical and staff meetings in addition to individual monthly meetings between the practice manager and staff. There were also ad hoc meetings were held when necessary.