Care Quality Commission

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Canterbury Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 January 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

Canterbury Dental Care is situated in the Fulwood area of Sheffield, South Yorkshire. It offers a mix of NHS and private dental services to adults and NHS dental services to children . The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries (one of which is not used for clinical activity), a decontamination room, a waiting area, a reception area and accessible toilet facilities. All the facilities are on the ground floor of the premises and there is wheelchair access.

There are two dentists, two dental nurses (who also share reception duties) and a practice manager.

The opening hours are Monday, Tuesday and Wednesday from 8-30am to 5-30pm and Thursday and Friday from 8-30am to 12-30pm.

The owner of the practice is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection 16 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were

Summary of findings

treated with dignity and respect in a clean and tidy environment, did not feel rushed, that they were involved in treatment decisions and that the staff were approachable, professional and helpful.

Our key findings were:

- The practice was clean and hygienic.
- There was an effective recruitment process in place.
- Staff were appropriately qualified and received training appropriate to their roles.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients were treated with care, respect and dignity.
- Patients were able to make appointments in a timely manner at a time which suited them.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the practice's procedure for scrubbing of dirty instruments so that they are not scrubbed under running water.
- Conduct the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services every six months.
- Review the practice's policy on the bagging of dental hand pieces.
- Review the practice's protocols and procedures for the taking of X-rays giving due regard to the guidance from the Faculty of General Dental Practice: Selection Criteria for Dental Radiography.
- Document in the dental care records discussion which have taken place with regards to treatment options.
- Add details of other organisations to the complaints procedure displayed in the waiting room.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Any incidents would be discussed at staff meetings in order to disseminate learning.

Staff had received training in safeguarding children and vulnerable adults and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

We noted that dirty instruments were scrubbed under running water. This was not in line with current guidance in 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). However, this does not pose a risk to patients.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when needed.

The practice followed some best practice guidelines when delivering dental care. These included National Institute for Health and Care Excellence (NICE) and the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. However, the practice should aim to be more aware of the Faculty of General Dental Practice (FGDP) guidelines: Selection Criteria for Dental Radiography.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing their professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

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

We reviewed feedback from 16 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented they were involved in treatment options and full explanations of what the treatment involved was given. Patients also commented that the dentists were gentle, professional and caring.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Summary of findings

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was accessible for patients with a disability or limited mobility to access dental treatment.

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice owner was responsible for the day to day running of the practice and was supported by the practice manager.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Care Quality Commission

Canterbury Dental Care

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 led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed local NHS England area team and Healthwatch Sheffield that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we reviewed feedback from 16 patients, spoke with two dentists and two dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Any accidents or incidents would be reported to the registered provider. There was an accident book available for staff to document and record any accidents which had occurred. There had not been any accidents in the last 12 months.

We saw that historically an incident involving a patient's lab work not being returned on time had led to a process of checking that work had been received back from the lab the day before to ensure it was available for the patient's appointment.

The registered provider understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child and adult safeguarding teams as these were displayed in the surgery. The registered provider was the safeguarding lead for the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of re-sheathing devices for needles and clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' records were legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had procedures in place 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). Staff were knowledgeable about what to do in a medical emergency and had completed training as a team in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the reception area and the spare surgery. Staff knew where the emergency kits were kept. The contents of the emergency medicines kit was in line with BNF guidance.

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 monthly checks were carried out on the emergency medicines and the oxygen cylinder. The Resuscitation Council UK states that the oxygen cylinder and AED should be checked on a weekly basis. We discussed this with the registered provider and were told that these checks would be implemented immediately.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed. The registered provider told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of

Are services safe?

people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner. For example, we were told that an old rug had been removed from the waiting area as it had been identified as a trip hazard for young children.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, risks associated with sharps injuries and risks associated with the use of pressure vessels.

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

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice generally followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

Decontamination procedures were carried out in decontamination rooms in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule displayed which identified areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. We noted that during the inspection that dental hand pieces were not routinely bagged and stored in the surgery. HTM 01-05 states that if instruments are stored in the surgery then these must either be sterilised at the end of the day or bagged. This was brought to the attention of the registered provider and we saw that this was implemented.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments and manually scrubbed them if additional cleaning was required, then examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear. During observations we noted that when manually scrubbing instruments, this was done under running water which increases the risk of splashing. This was brought to the attention of the registered provider and we were told that this would now be done under water from now on.

Are services safe?

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self-assessment audit in January 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice met the required standards. However, we noted that historically this audit was not completed every six months. HTM 01-05 states that this audit should be undertaken every six months. This was brought to the attention of the registered provider and we were told that a procedure would be put in place to prompt them to complete this audit on a six monthly basis.

Records showed a risk assessment process for Legionella had been carried out in March 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment room at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and also using a water conditioning agent in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray set, the autoclave and the compressor. The practice maintained a list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that electrical appliances are routinely checked for safety). PAT testing was completed on an annual basis.

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away at night to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of the X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. The practice used an automated X-rays developer and we saw that it was regularly maintained and tested as necessary to help ensure that the images were of a suitable diagnostic quality.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were generally performing well and within the guidance of the National Radiological Protection Board. We saw that historically the X-ray audit had identified the need to change to solutions in the automated X-ray developer more frequently.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This involved checks on the patients' teeth, gums and soft tissues. This was repeated at each examination in order to monitor any changes in the patient's oral health. 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.

Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were checked and updated if necessary by each patient every time they attended for treatment. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice generally followed current guidelines and research in order to continually develop and improve their system of clinical risk management. However, we noted that in some instances the FGDP guidance 'Selection Criteria for Dental Radiography' was not being completely followed. These guidelines suggest suitable intervals for when X-rays are taken taking into account the likelihood of a patient experiencing dental decay. Although patients did receive X-rays, we felt that the application of the guidelines could improve the outcomes for patients. We discussed this with the registered provider and were told that this would be addressed and implemented.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to all children who attended for an examination and oral hygiene advice was given to patients as detailed in DBOH.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked. There were health promotion leaflets available in the waiting room and surgery to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the location of emergency medicines, arrangements for fire evacuation procedures and how to set up the surgery. We saw evidence of completed induction checklists.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We were told that the registered provider organised medical emergency training for all staff to attend. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the registered provider or the practice manager were readily available to speak to at all times for support and advice.

Staff told us they had annual appraisals and training requirements were discussed at these. We were also told that general well-being and whether they needed any specific help with any part of their duties were covered. We saw evidence of completed appraisal documents.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. We were told that there was a process by which patients with a suspected malignancy would be referred on an

Are services effective?

(for example, treatment is effective)

urgent basis. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. We saw that persons who attended with children was documented in the dental care records.

Staff had completed training in the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Dental care records were not visible on the reception desk to help maintain patient confidentiality. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' dental care records were stored in locked cabinets when the practice was closed to ensure they were held securely.

Involvement in decisions about care and treatment

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.

One of the dentists described how they would involve the child in decision making and how this helped in gaining the child's trust. They were also aware of the importance of Gillick competency and its role when treating children.

Staff told us how the dentist would provide treatment options including benefits and possible risks of each option.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an appointment system in place which met patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day and if not then, within 24 hours. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day the patient was offered to sit and wait for an appointment if they wished. When the practice was closed on Thursday and Friday afternoon, the practice had a contract with a local agency which provided in hour emergency care for patients. Patients with a dental emergency outside normal working hours were directed to the NHS 111 service. Details for these services were in the practice information leaflet and on the telephone answering machine.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with disabilities. These included step free access the premises, a ground floor accessible toilet and a hearing loop. The ground floor surgery was large enough to accommodate a wheelchair or a pram. We noted that when patients in wheelchairs had an appointment this was noted in the appointment book so that staff were aware and then could provide any assistance if necessary.

We were also told that as a result of feedback from patients the registered provider had purchased high backed chairs for patients with limited mobility.

Access to the service

The practice displayed its opening hours on a sign outside the premises and in the practice information leaflet. The opening hours are Monday to Wednesday from 8-30am to 5-30pm and Thursday and Friday from 8-30am to 12-30pm. The two dentists worked on a rota basis.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen within 24 hours if not the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. This included the NHS 111 service and an emergency rota organised by a local agency.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. However, we noted that this did not include the details of other independent organisations that patients can contact to raise concerns. This was brought to the attention of the registered provider and we were told that this would be addressed and a new sign would be made to display in the waiting room including contact details of the relevant organisations.

The registered provider was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that if a patient made a verbal complaint then a complaints action sheet would be completed and then passed onto the registered provider to follow up. This then enabled the practice to keep a log of all complaints. There had not been any complaints in the previous 12 months. However, we saw that historical complaints had been dealt with and the complainant had been kept informed of the progress of their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

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

The registered provider was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to legionella, the use of pressure vessels and infection control.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice had staff meetings approximately every two months which involved all staff members. These meetings were minuted for those who were unable to attend and included discussion of significant events, feedback from patients and any specific training needs.

All staff were aware of whom to raise any issue with and told us that the registered provider was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records, X-rays and patient waiting times. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. For example, the registered provider organised in-house training on how to deal with medical emergencies.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out regular patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about the courtesy of the staff, the comfort of the waiting room, the waiting time for an appointment, whether they had been involved in decision making and the overall quality of the service.

The most recent patient survey showed a high level of satisfaction with the quality of the service provided. We were told that as a result of feedback from patients that high backed chairs had been purchased for the waiting room for patients with limited mobility. We also noted there were several compliments about the quality of the garden which the waiting room looked over. The registered provider took great pleasure in maintaining the garden for the benefit of the patients and aimed to continue to do so as patients commented it made the waiting area a nice place to be.

Are services well-led?

The practice also undertook 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. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.