Dr. Robert Brown

Openshaw Dental Practice

Inspection Report

1333 Ashton Old Road
Openshaw
Manchester
M11 1JT
Tel: 0161 370 2213
Website:

Date of inspection visit: 30 July 2015
Date of publication: 01/10/2015

Overall summary

We carried out an announced comprehensive inspection on 4 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Openshaw Dental Practice is located to the east of Manchester city centre. The practice is owned and run by Mr Robert Brown (principal dentist) and provides mostly (99%) NHS primary dental care and a small amount (1%) of private dentistry to patients in and around the Openshaw area.

The principal dentist is the registered person. 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.

Mr Robert Brown is the sole dentist at this practice and he is supported by three registered dental nurses who also share reception duties. The practice is situated in a converted residential property. There is a reception and waiting area, a treatment room and a dedicated decontamination room on the ground floor and a toilet and staff room/kitchen on the first floor. The practice is generally open from 9.15am to 7pm Monday and Tuesday and 9.15am to 5.30pm on all other weekdays.

We received feedback from 17 patients who completed CQC comment cards and we spoke with six patients who were attending the practice for an appointment.

Our key findings were:

- Patient's needs were assessed and care was planned and delivered in accordance with current best practice guidance for example the Faculty of General Dental Practice (FGDP) and the National Institute for Health and Care Excellence.

Summary of findings

- Staff showed an understanding of the principles of the Mental Capacity Act 2005 (MCA) in relation to gaining informed consent.
- Patients told us they were treated with dignity and respect and were involved in planning their treatment. This included being given information about various treatment options and the cost of treatments.
- There were systems in place to manage risks such as safeguarding and medical emergencies. Staff had received appropriate training to manage medical emergencies.
- Patients told us they were able to make routine and emergency appointments when needed.
- There was a complaints policy and procedure in place and if a mistake was made that affected a patient an apology would be given and patients would be notified about the outcome of any investigation
- There was a clear leadership structure. Staff told us they were able to make suggestions or raise concerns and felt they would be listened to. Staff were up to date with their continuing professional development and told us annual appraisals were carried out.
- There were systems in place for patients to comment on the care and treatment that they received at the practice. This included a suggestion box and annual patient surveys.

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

- Ensure that hand written dental care records are clear and legible.
- Update their policies and procedures for the safe use of dental sharps to reflect the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU directive concerning the safer use of sharps which came into force in May 2013.

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 were a range of policies and procedures in place that provided guidance to staff and were designed to keep patients, staff and visitors safe and minimise risks. We found that several of the policies had not been reviewed since 2012. One of the dental nurses had taken responsibility for updating policies and at the time of this inspection, was in the process of writing new policies for the practice.

Staff we spoke with all confirmed that they had received safeguarding training. The staff we spoke with had a good understanding of safeguarding issues, the types of abuse and how to escalate concerns and record incidents. Staff told us they felt able to raise concerns and report incidents. Accidents and incidents were reviewed so that staff learned from them.

The dentist told us if there was an accident or incident involving a patient an apology would be given and action taken to minimise the risk of similar incidents occurring.

We found all areas of the practice to be clean, tidy and free from clutter. The staff we spoke with were aware of current infection prevention and control guidelines for example, the Department of Health's 2013, Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).

All of the patients we spoke with were complementary about the care and treatment they received at this practice.

Are services effective?

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

Consultations were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

Staff showed an understanding of the principles of the Mental Capacity Act 2005 in relation to obtaining informed consent prior to treatment. The dentist told us they explained treatment options so that patients could make informed decisions about any treatment. Treatments were not carried out immediately to give patients time to consider the options.

Staff were supported with continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The patients we spoke with gave positive remarks about the dental care provided at this practice. Patients told us the staff were polite, friendly and treated patients with respect and understanding. Our observations showed staff were caring, considerate and reassuring.

Patients told us they felt they were involved with discussions about their treatment options including any risks and the cost.

We found that patient records were stored securely and patient confidentiality was well maintained. The hand writing in several of the ten hand written dental care records we saw was difficult to read and the principal dentist had to explain the content.

Summary of findings

Are services responsive to people's needs?

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

Patients told us the dentist and staff were friendly and welcoming and made them feel comfortable.

Dedicated emergency appointments were available each day so that patients with dental emergencies received responsive and efficient treatment. Staff told us they would see patients with pain on the same day or within 24 hours.

There was a complaint policy and procedure in place and staff were able to describe the action they would take if they received a complaint from a patient.

Are services well-led?

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

There was a clear leadership structure and staff told us they felt well supported by the principal dentist. They told us the dentist was approachable and the culture within the practice was open and transparent.

Staff were given the opportunity to voice their views and opinions with the principal dentist during the monthly staff meetings. The practice sought feedback from staff and patients using surveys and the friends and family test (FFT - a feedback tool that asks patients if they would recommend the services they have used). The majority of patients stated they were likely to recommend the practice to family and friends.

There was a system of audits in place including, infection prevention and control, radiographs to check the quality of X-rays and dental care records. The dentist had identified that the handwriting in dental care records needed to improve.

Openshaw Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 04 August 2015 by an inspector and a dental specialist advisor. Before the inspection we reviewed all of the information we hold about the provider and any information received from the provider prior to the inspection.

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

On the day of our inspection we looked at the policies and procedures at the practice, dental care records and other records relating to the management of the service. We spoke with the dentist and two dental nurses. We were taken on a tour of the practice and looked at medicines and equipment for use in the event of a medical emergency. Dental nurses showed us the processes in place for the decontamination of used dental instruments and we observed staff interactions with patients in the waiting area.

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

The practice maintained a record of any significant events and complaints. The dentist was aware of their responsibility and had information in relation to reporting incidents and accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The dentist told us there had been no incidents or accidents. The dental nurses we spoke with were aware of, and had access to, the incident reporting system.

Although the practice had not experienced any serious incidents in the last 12 months, dental nurses told us they were confident about reporting them. They told us lessons were learned and improvements made if things went wrong.

If there was an incident that affected a patient they would offer an apology and inform the patient of any action taken to prevent a reoccurrence.

There were procedures in place for acting on complaints and other concerns raised by patients. There had been no complaints or concerns made to the practice in the last 12 months.

Reliable safety systems and processes (including safeguarding)

There were practice policies and procedures in relation to child protection and safeguarding vulnerable adults available to guide staff. The safeguarding adult's policy was reviewed in June 2015. We saw the child protection policy had not been reviewed since 2013. The dentist told us that they had purchased a new computer programme in relation to governance and management systems and were in the process of rewriting all of the practice policies and procedures. One of the dental nurses had been allocated this task and they showed us on the computer the work they had done to date.

Up to date copies of the local authority adult safeguarding and child protection procedures were also available for staff guidance. These documents included contact details for the local authority safeguarding teams. There was a whistle blowing procedure in place which gave details of outside agencies staff could contact if they had concerns about a colleague's practice.

Staff had received training in how to identify suspected abuse and their responsibilities to keep patients safe and report any concerns. Staff we spoke with told us they had not had cause to raise any safeguarding concerns but if they did they would report any concerns to the dentist or the local authority safeguarding team at Manchester City Council. Dental nurses were able to describe the various types of abuse and the action they would take if they suspected or witnessed abuse.

The practice had systems in place to help ensure the safety of staff and patients this included a fire risk assessment and a Legionella risk assessment (Legionella is a bacteria that can grow in water systems). Dental nurses told us water lines were flushed through (at the start of the morning and afternoon sessions to remove contaminants that may have been retracted during treatment).

The policy and procedure for the safe use of dental sharps had not been updated and did not reflect the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 or the EU Directive concerning the safer use of sharps which came into force in May 2013. We saw the practice had recognised this and were in the process of updating this policy.

At the time of our inspection the principal dentist was not using single use syringes (safer sharps). Regulation 5 of Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The EU Directive on the safer use of sharps 2013 requires the practice to develop a risk assessment and protocol about the recapping of needles following use if single use syringes were not used in the practice. We discussed this with the dentist during the inspection and they told us they would order and start using single use syringes as soon as possible. There was a risk assessment in place outlining why the practice continued to use traditional local anaesthetic reusable syringes.

Information about the procedures for the treatment of needle stick injury (injury from used hypodermic needles and other sharp instruments) was available to staff. Staff were able to tell us the action they would take if they sustained such an injury. For example; squeeze the area so it bled, clean the injury site and seek medical advice.

Medical emergencies

There was a policy and procedure in place to guide staff in the event of a medical emergency and staff had received

appropriate training. This included; first aid and cardiopulmonary resuscitation (CPR). The practice had emergency medicines in accordance with the British National Formulary (BNF) guidance for medical emergencies in dental practice.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an oxygen cylinder with child and adult masks and 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). The battery and pads were checked at regular intervals and a record of the checks maintained.

We saw documentary evidence to show staff checked the levels and flow rates of the oxygen cylinder to ensure sufficient supplies were available for use in the event of a medical emergency. Staff regularly checked and recorded the expiry dates on emergency medicines and oxygen cylinder to ensure they were in date and safe to use.

Staff we spoke with were able to tell us where the emergency equipment was stored and how to use it. There was an appointed first-aider, and a first aid kit was available to treat any minor injuries.

Staff recruitment

There were recruitment procedures in place to ensure staff employed at the practice had the required skills and experience. We were unable to review staff recruitment files because they were not in the practice on the day of our inspection. The dentist told us they were with the legal representative because staff contracts were being renegotiated. One of the dental nurses we spoke with confirmed this. The dentist told us they would forward copies of the staff recruitment files when they were returned to the practice.

The dental nurses we spoke with explained what safety checks that had been carried out prior to their employment. This included; a check of their qualifications, proof of identification and registration with the General Dental Council. We saw documentary evidence that checks with the Disclosure and Barring Service (DBS) were carried out for all the staff at the practice. 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 within health and social care settings

All new staff underwent an induction period to familiarise them with the practice.

Monitoring health & safety and responding to risks

We saw there were policies and procedures in place relating to safe working practices such as; control of substances hazardous to health 2002 (COSHH). We found risks relating to the substances used in the practice had been identified and steps taken to minimise risks to patients, staff and visitors. We saw that these policies were under review.

There were arrangements in place to deal with foreseeable emergencies such as a fire or failure in the water or electricity supplies. The business continuity plan had processes outlined which ensured patients had access to dental treatment at another local practice.

We saw evidence that staff were vaccinated against blood borne viruses such as Hepatitis B (a serious virus that can be transmitted through saliva and blood. Vaccinations are recommended for staff in high-risk groups, such as: dentists, doctors and nurses). We saw Hepatitis B vaccination records for each member of staff.

Infection control

Hand cleaning gel and hand washbasins were available in the treatment and decontamination rooms. Information relating to effective hand washing techniques was displayed. We saw documentation which demonstrated that infection prevention and control audits were being carried out on a regular basis. Personal protective equipment such as aprons and gloves were readily available in all areas.

We were shown around the practice and saw that the treatment room, decontamination room, reception and waiting area were visibly clean, tidy and free from clutter.

We saw the practice had an infection control policy that had been reviewed in 2014, health and safety policies, and had carried out risk assessments to help ensure the safety of patients, visitors and staff. The infection control policy included guidance on exposure to blood borne viruses and

the possibility of sharps injuries (where the skin is punctured by a needle or other sharp instrument), decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

We looked at what procedures were in place to clean and decontaminate used dental instruments. We saw the practice followed national guidelines for infection prevention and control in accordance with the Health Technical Memorandum 01 -05: Decontamination in primary dental care practices (HTM 01-05). To minimise the risks of cross contamination staff wore personal protective equipment (PPE) such as gloves, aprons and face masks when treating patients.

Used instruments were transported from treatment room to the adjacent decontamination room in a rigid, clip lock plastic container. There were clear dirty and clean zones to reduce the risks of recontamination of clean instruments.

A dental nurse explained the decontamination process. We saw the dental nurse wore heavy duty gloves throughout the process to give better protection when handling sharp instruments. We saw used instruments were washed and scrubbed with a soft brush in one sink, rinsed in a different sink and then examined under an illuminated magnifying glass to check for any debris or damage. Instruments were then placed into the autoclave (a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam) they were then placed in sealed pouches with a use by date. Sterilised instruments were stored in a cupboard in the clean area and all of the instruments we saw were within the use by date.

We saw documentary evidence to show checks of the sterilisation cycles were taking place. These included a daily automatic control test (ACT this checks the time taken to penetrate a test strip, the steam and temperature within the autoclave).

Equipment and medicines

There were systems in place to manage medical emergencies. The practice had emergency medicines on site in accordance with the recommendations of the Resuscitation Council UK. Oxygen was available and we saw evidence to show the oxygen cylinder was tested on a regular basis to ensure the levels and flow rates were sufficient for use in the event of a medical emergency.

Dental care records contained amounts and batch numbers of any anaesthetics used. We found medicines were stored safely and audited to ensure they were within the expiry dates. We saw records to demonstrate that equipment was serviced on a regular basis including the air compressor, AED, autoclave and oxygen cylinder.

Radiography (X-rays)

The practice worked in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR (ME) R). The dentist was named as radiation protection supervisor (RPS a senior member of staff responsible for ensuring compliance with the IRR99) for the practice. In addition there was an external radiation protection advisor (RPA an independent person who provides advice to the practice in relation to protecting employees and the public from harmful effects of ionising radiation in accordance with the IRR99).

There was an inventory of X-ray equipment used in the practice and a copy of the local rules was available for staff to reference. There was a radiation protection file that contained documentary evidence to show the X-ray equipment was maintained in accordance with current guidelines. We saw evidence that audits of X-rays were carried out to ensure X-rays were of the appropriate standard.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice used paper dental care records. We reviewed a random sample of ten dental care records and found the handwriting was difficult to read. We discussed with the dentist the importance of dental care records being clear and legible so they can be understood by anyone who may need to read them. The dentist gave a commitment to improve the standard of handwriting in dental care records.

Patients told us they completed a medical history form when they first attended the practice and were asked about changes to their health or medicines at each visit. Consent to treatment was obtained. We spoke with the dentist and dental nurses who showed an understanding of the Mental Capacity Act 2005 and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Patients oral health needs were assessed in accordance with guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC). The assessment included an examination to assess the condition of a patient's teeth, soft tissue to check for the signs of oral cancers and the condition of the gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

Where X-rays were taken the practice followed the guidelines if the Faculty of General Dental Practice (FGDP) to ensure an X-ray was necessary. Female patients were asked if there was a possibility they may be pregnant prior to X-rays being taken.

The frequency of check-ups were decided based on the individual needs of patients in accordance with National Institute for Health and Care Excellence (NICE) guidelines.

Health promotion & prevention

There were various health promotion leaflets available in the practice such as; dental hygiene, diet and how to reduce the risk of poor dental health. Patient's feedback in comment cards that they were given advice by the dentist about maintaining good oral health. This was in line with the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

There were three registered dental nurses employed at the practice. We were unable to review staff recruitment files on the day of our inspection. The dentist told us the staff recruitment files were with a legal representative because staff contracts were being reviewed. We spoke with the most recently appointed dental nurse. They told us they had a period of induction to familiarise themselves with the way the practice ran and ensure they had the knowledge and skills required.

Dentists and dental nurses were responsible for their own continuing professional development (CPD) and were required to keep a record of CPD to maintain their professional registration with the General Dental Council (GDC). We looked at the CPD records and saw training in relation to safeguarding, medical emergencies, cardiopulmonary resuscitation (CPR), health and safety and infection prevention and control had been completed recently.

The dental nurses we spoke with had received annual appraisals and told us they were well supported and involved in the appraisal process. Monthly staff meetings were held and used to discuss areas for improvement. Staff had access to the practice policies which contained information that further supported them in the workplace.

Working with other services

The dentist told us that where it was in the patient's best interests they would refer to other professionals and specialists for care and treatment not provided at the practice. There was a referral system in place for patients who required specialist procedures such as; conscious sedation (no longer provided at the practice) for nervous patients. The dentist wrote a referral letter with full details of the type of treatment required.

Following any specialist treatment patients would be discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The dentist had a clear understanding of consent issues and that consent could be withdrawn by a patient at any time. The principal dentist was aware of their responsibilities with regard to the Gillick competence (used in medical law to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

The patients we spoke with told us they gave verbal consent and were asked to sign a consent form for any treatment they received.

The dentist told us if they had any concerns about a patient's ability to give informed consent treatment would be postponed. They would act in the best interests of the patient and involve other professionals in any decision about treatment. Staff had received training in relation to the principles of the Mental Capacity Act 2005 (MCA) in relation to ensuring patients had the capacity to consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us staff always treated them with politeness and respect. During our inspection we observed the interactions between staff and patients and saw staff were caring and friendly. We observed staff being polite, welcoming and professional with patients.

Patients told us that all consultations and discussions about treatments were carried out in the privacy of treatment room. The treatment room door was closed during consultations with patients and there was a staircase in between the waiting room and treatment room so conversations could not be overheard.

There was a data protection and confidentiality policy in place of which staff were aware. Patients' dental care records were paper documents and were kept securely in a locked cabinet. Dental nurses were aware of data protection and how to maintain confidentiality.

We spoke with patients who told us they were extremely nervous about seeing the dentist. They told us the dentist was sensitive and reassured them on each visit making their experience less stressful.

Involvement in decisions about care and treatment

We spoke with patients who told us the dentist listened to them and involved them in any decisions about their care and treatment. The principal dentist told us they usually gave patients time to consider the options, risks, benefits and costs. They told us they did not usually carry out treatments on the same day unless it was an emergency.

Patients told us that treatment was explained to them in a way they understood written treatment plans were provided and any costs explained. A poster with the charging bands for NHS treatments was displayed in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The dentist and dental nurses told us they had emergency appointments planned in each day. The patients we spoke with told us they were able to get an emergency appointment quickly if they were in pain. The dental nurses we spoke with told us patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. We spoke with two patients who had made an emergency appointment on the day of our inspection. The practice had responded and both had been offered emergency appointments the same day.

Patients who completed CQC comment cards prior to our inspection stated that they could make appointments when they needed one. The patients we spoke with told us they did not have to wait long to be seen and could usually get an appointment quickly.

Tackling inequity and promoting equality

Staff told us that there was a telephone language translation service they could access to assist patients for whom English was not their first language. Alternatively the patients were able to bring a friend or relative with them to assist with translation if they preferred, so the patient was fully aware of their options.

Parking was available at the rear of the practice and on road parking was permitted in the nearby side streets. There was a step at the front door and handrails were fitted this meant that access to the practice was suitable for patients with limited mobility but would not be suitable for patients who used a wheelchair. The practice was located in a small converted mid-terraced house with no scope to extend. The dentist and dental nurse told us if they were approached by a patient who used a wheelchair they would provide information about local practices with suitable wheelchair access.

Access to the service

The practice was open from 9.15am to 7pm Monday and Tuesday and 9.15am to 5.30pm on all other weekdays.

Patients were able to make appointments on the telephone during office hours and there was an answerphone machine for patients to leave a message out of office hours. We attempted to contact the practice by telephone on the morning of the inspection and the answerphone message stated that it was full and it would not be possible to leave a message. This was discussed with the dentist who told us they would ensure this would be dealt with as a priority.

The dental nurse told us outside of normal opening hours an answer phone message detailed how to access out of hour's emergency treatment NHS dental service.

Patients told us and feedback in CQC comment cards indicated they felt they had good access to the practice, were able to contact the practice easily and had a choice about appointment times.

Concerns & complaints

The practice was sent a CQC comments box before our inspection. This was placed in the waiting room and 17 patients posted comments about their experience of the practice. All of the comments were complimentary about the dentist and dental nurses.

There was a policy and procedure in place for responding to complaints and concerns. The dentist dealt with all complaints in the practice. We looked at the complaint record and saw there had been no complaints made to the practice within the past 12 months.

Information was provided about other professional bodies people were able to contact if they were not satisfied with the way their complaint had been dealt with.

Are services well-led?

Our findings

Governance arrangements

There was a range of policies and procedures to guide staff working at the practice. This included guidance about confidentiality, safeguarding adults and child protection, cleanliness of the environment, consent to treatment, health and safety, infection prevention control, patient confidentiality and recruitment. The auditing system had not identified that several of the practice policies and procedures had not been reviewed/updated.

The dentist told us that they were in the process of developing new policies and had purchased a computer programme to assist with this. One of the dental nurses had taken responsibility for writing the new policies and showed us the progress they had made to date.

The dentist and dental nurses carried out quality audits at the practice. This included; the quality of X-rays, infection control, health and safety, staffing and waste management. We looked at maintenance records, daily, weekly and monthly checks of equipment such as the autoclave, accidents and incidents and complaints records. We found they were well maintained and up to date.

There was a business continuity plan in place that outlined the actions to be taken in the event of a failure in the electrical or water supplies. Patients would be referred to other local practices for treatment.

Leadership, openness and transparency

There was a clear leadership structure with clear lines of accountability and all of the staff had a clear understanding of their role and responsibilities. For example; one of the dental nurses was infection control lead and the dentist led on aspects of governance such as complaints and risk management within the practice.

There were systems in place to ensure the safety of patients and staff including a fire risk assessment, exposure to hazardous substances and medical emergencies. There were a range of clinical and non-clinical audits taking place at the practice such as; infection control, the quality of X-ray images, emergency medicines and the treatment room.

The dental nurses we spoke with told us there was a culture of openness and honesty within the practice. Staff we spoke with told us that they were encouraged to report any concerns and were supported by the dentist.

One of the dental nurses told us the practice was a positive, relaxed and friendly environment to work in and they enjoyed their work at the practice.

Management lead through learning and improvement

The dentist and dental nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work. The dental nurses we spoke with told us they were supported by the dentist to maintain their continuing professional development (CPD).

Staff meetings were held on a regular basis and used for additional learning. We saw that meetings were used to update training in areas such as; emergency cardiopulmonary resuscitation (CPR) and basic life support.

Staff appraisals were used to identify learning and development needs. The dental nurses we spoke with told us the appraisal process helped them to identify areas for developing skills and improving the patient experience.

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

Patients at the practice and staff were engaged and involved. We saw the practice was using the NHS friends and family test (FFT) to obtain feedback from patients. This is a method of asking patients if they would recommend the practice to friends and family based on their experiences. Patients who had completed the forms stated they were either extremely likely or very likely to recommend the practice to others. In addition the practice carried out a patient survey to obtain the views of patients. Comments were positive about the professionalism and friendliness of staff. Where issues were identified these were acted on.

There were monthly staff meetings and more informal day-to-day discussions that gave staff an opportunity to share ideas and experiences. The dental nurses we spoke with told us they felt involved and were engaged in improving services for patients.