

Clifton Dental Clinic Limited

Clifton Dental Practice

Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 15th September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Clifton Dental Practice is a mixed dental practice providing private care for adults and NHS treatment for children. The practice was situated in a converted

Summary of findings

commercial shop property. There were two dental treatment rooms, although one was no longer used. A separate room housed the practice autoclave (a device for sterilising instruments) and an automatic X-ray developing machine. The treatment and waiting rooms were on the ground floor enabling disabled access.

The practice had one full time dentist who was supported by one dental nurse and two receptionists. The practice opening hours were: Monday, Tuesday, Thursday and Friday 9:00 am to 5:30 pm and Wednesday 9:00am to 1:00pm. The practice closed from 1:00 pm to 2:00 pm each day for lunch.

The provider is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 16 completed cards and spoke to five patients. All of the feedback was extremely positive about the care patients received from the practice.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and oxygen was readily available in accordance with current guidelines.
 - Patients' needs were assessed and care was planned and delivered in line with current professional guidelines.
 - All equipment used in the practice was well maintained in accordance with the manufacturer's instructions. The practice was generally visibly clean and maintained.
 - The practice had enough staff to deliver the service. Staff felt well supported by the registered manager and were committed to providing a quality service to their patients.
 - Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
 - Information from 16 completed CQC comment cards gave us a positive picture of a friendly, caring and professional service.
 - The practice had systems to assess and manage risks to patients for infection prevention and control (IPC) but was not carrying out IPC audits to test the effectiveness of infection control procedures.
- There were areas where the provider could make improvements and should:
- Make more detailed records of the care and treatment provided to patients giving due regard to professional standards in relation to clinical record keeping and IRMER 2000 regulations.
 - Review professional guidelines in relation to obtaining informed consent and establish a system for auditing clinical records.
 - Implement infection control systems giving due regard to national guidelines generally and with specific respect to manual scrubbing of contaminated instruments and environmental cleaning of the practice. Establish a process to audit and monitor infection prevention and control arrangements at the practice.
 - Update their policies and procedures for the safe use of dental sharps by carrying out a risk assessment to reflect the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.
 - Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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.

We found that all the equipment used in the dental practice was well maintained. This included equipment used for decontamination of dental instruments and carrying out X-rays.

The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice. Staff were aware of their responsibilities regarding safeguarding children and adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. Patients were given appropriate information to support them to make decisions about the treatment they received.

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals.

The staff received professional training and development appropriate to their roles and learning needs. Staff where appropriate were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 16 completed cards. These provided an overwhelmingly positive view of the service; we also spoke to five patients who also reflected these findings. All of the patients commented that the quality of care was very good; they were listened to and treated with respect and dignity.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent care when required.

Patients were provided with written information about the practice through a practice information leaflet. Practice facilities were all on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The practice had appropriate governance arrangements. Risk assessments had been carried out and there were clear policies and procedures. Staff that we spoke with knew how to access policies and procedures, and management lines were clear.

Summary of findings

Staff said that they felt involved in the practice and they said that they felt the dentist was approachable.

Clifton Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 15th September 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

Prior to the inspection we reviewed information we held about the practice and from other organisations. We also reviewed information we asked the provider to send us in advance of 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.

During our inspection visit, we reviewed policy documents, staff records and a sample of dental care records. We spoke with three members of staff, including the registered manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed 16 CQC comment cards and spoke with five patients. All of the feedback was positive about the patient experience at the practice.

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 were systems and processes in place to manage any accidents and incidents. There had been no serious incidents but the staff we spoke with were aware of their responsibilities for reporting any serious incident or injury in accordance with the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us they were confident about reporting incidents and accidents. We looked at the accident report book and this showed that any accidents had been investigated, reviewed and measures put in place where to minimise the risk of reoccurrences. There had been no accidents recorded in the last 12 months.

There were procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH) such as cleaning materials and other hazardous substances. Hazardous materials were stored safely and staff wore personal protective equipment such as; gloves, aprons and eye protection when using these materials.

There were policies and procedures in place for investigating complaints that set out how complaints and/or concerns would be investigated and responded to. Staff explained lessons would be learned from complaints in order to avoid any further issues. There had been no complaints received at the practice within the last 12 months.

The practice responded to national and local medicines alerts relevant to dentists. Any such alerts were discussed with staff.

If there was an accident or incident that affected a patient the dentist told us they would give an apology and informed of any actions taken to prevent a reoccurrence.

Reliable safety systems and processes (including safeguarding)

We spoke with the dental nurse about the prevention of needle stick injuries (where a used needle or sharp instrument punctures the skin). The practice used a system whereby needles were not resheathed using the hands following administration of a local anaesthetic to a patient. The practice used a combination of a single use delivery system and conventional dental syringes to deliver local anaesthetics to patients. Only the dentist was responsible

for disposing of used needles. We saw that sharps bins were appropriately positioned in the treatment room. The systems and processes we observed were in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. However, the practice did not have a written risk assessment in place.

Root canal instruments were treated as single use and root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We discussed child protection and adult safeguarding with staff. They showed some awareness of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults including older patients living with dementia. The practice had a safeguarding policy for staff to refer to and contact details for the local authority safeguarding team in Blackpool. This information was kept in the practice clinical governance file together with a flow chart whereby staff could refer to it easily. The staff we spoke with were not clear on where to access this information and we discussed with the dentist the possibility of displaying the information on the staff notice board. We saw that practice staff were due to attend an adult safeguarding training event later in September 2015.

Medical emergencies

The practice had in place the emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice. Oxygen and other related items such as manual breathing aids were available in line with the Resuscitation Council UK guidelines. A current contract was in place for the maintenance of the oxygen cylinder dated November 2014. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly.

Are services safe?

Staff received team based annual training in basic life support, with the last training session carried out in October 2014. The practice did not have access to an automated external defibrillator (AED) in accordance with current Resuscitation Council UK guidelines. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The dentist told us he and an adjacent local care provider were in discussions with regard to sharing the cost and use of an AED.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. The reception staff at the practice had been in post for a number of years. The most recently appointed member of staff was a newly qualified dental nurse. We looked at their staff file and saw photographic proof of identity and proof of address had been provided, references and a Disclosure and Barring Service (DBS) check had been carried out. The DBS check was requested to ensure potential staff were not barred from working within the health and social care sectors.

The provider checked the professional registration for qualified clinical staff to ensure professional registrations were up to date. Staff were also required to provide a record of immunisations that included; Hepatitis B (a virus that can be transmitted through bodily fluids such as; blood and saliva), Tuberculosis (TB) and Tetanus.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. This included fire safety, health and safety, radiation and Legionella risk assessments (Legionella is a bacteria found in the environment which can contaminate water systems in buildings). Policies and protocols relating to these areas where contained in the practice clinical governance file, they were in date and generally reviewed on a regular basis.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. All hazardous substances were safely stored.

We saw there was an independent fire risk assessment of the building carried out in January 2015. Fire extinguishers had been regularly serviced and were available at appropriate points in the practice.

There was a business continuity plan in place for dealing with any emergencies that may disrupt the safe and smooth running of the service.

Infection control

The dental treatment room, waiting area, reception and toilets were visibly clean, however the treatment room was a little cluttered and the dental bur stand required cleaning. Hand washing facilities were available including liquid soap and paper towels in both the treatment room and toilet. Hand washing protocols were not displayed but bare below the elbow working was observed.

We inspected the drawers in the treatment room. These were stocked with appropriate single use items and were generally tidy. Most of the instruments were pouched although some loose instruments were observed. The dental nurse assured us that these would be reprocessed if not used on the same day in accordance with current national guidelines. The treatment room had the appropriate routine personal protective equipment available for staff and patient use these included gloves, aprons and protective eye wear.

An infection control policy was in place supported by written protocols for various stages of the decontamination process. The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. Although the practice followed most of the guidance there were some areas which could be improved and the use of the Infection Prevention Society Audit tool by the practice would highlight the areas where improvement could be made. The dental nurse described their system for decontaminating dental instruments.

The practice used a system of manual scrubbing for the initial cleaning process, this involved a sink and a separate bowl, however it was not clear if the bowl was being used for the purpose of rinsing scrubbed instruments. Following inspection with an illuminated magnifier they were placed in an autoclave (a machine used to sterilise instruments) which was housed in a separate room. When instruments had been sterilized they were either pouched or stored appropriately in covered trays until required. We found that pouched instruments were dated with an expiry date in accordance with current guidelines. The practice had in

Are services safe?

place a maintenance contract for the autoclaves in accordance with the manufacturer's instructions, the last periodic examination was carried out in August 2015. This ensured that the autoclave was working safely and effectively. The autoclave used an automatic data logger to record that the parameters of temperature, pressure and time were reached during each sterilisation cycle. We saw the electronically held records to show these were reviewed on a regular basis.

The practice used sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The sharps bin was safely located out of the reach of patients.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice had a contract (dated 24 August 2015) with a registered waste carrier to remove clinical waste from the practice. We found the clinical waste was safely stored prior to collection by the waste contractor. The contract and waste consignment notices were available for inspection.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). The dental nurse described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice in October 2014. The latest risk assessment identified no remedial recommendations for the practice. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

Environmental cleaning was divided between the dental nurse and reception staff. It was noted that the National Patient Safety Agency guidance in respect of equipment used for environmental cleaning was not followed in relation to colour coding. There were no cleaning schedules in place although we were informed of the staff that were responsible for the different areas.

Staff files showed that staff had been vaccinated against Hepatitis B (a virus that can be contracted through exposure to bodily fluids such as blood products) and received regular blood tests to check the vaccine was effective.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclaves had been serviced and calibrated in August 2015. The practice X-ray machines had been serviced and calibrated in July 2014. Portable Appliance Testing had been carried out for all equipment and appliances in April 2015 in accordance with current Health and Safety legislation with respect to electrical equipment.

We reviewed a sample of dental care records and found that batch numbers and expiry dates for local anaesthetics were not generally recorded although the type of local anaesthetic was always recorded. If there was a safety alert such as; contamination or a manufacturing defect it would be impossible to identify which patients had received the contaminated product. Emergency and other medicines used in the practice were stored and maintained appropriately.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules and HSE notification. Maintenance of the X-ray machine was carried out within the current recommended interval of 3 years.

A copy of the most recent radiological audit from October 2014 to May 2015 was available for inspection this demonstrated that a very high percentage of radiographs were of grade 1 standard. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were not routinely justified and reported. The justification for taking X-rays should be recorded to demonstrate the potential benefit and/or risks of the exposure had been considered.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. Patients completed a medical history questionnaire to provide the practice with details of health conditions, medicines being taken and any allergies suffered. The small sample of dental care records we looked at showed that although a written medical history was obtained, it was not clear in the records that at least verbal updating had been recorded.

The practice used a paper system for maintaining a patients dental care records. We looked at a sample of dental treatment records for patients who attended the practice on the day of the inspection. These confirmed that the findings of the dentist's assessment and details of the treatment carried out were recorded although the notes were brief. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. The records also confirmed that the dentist had checked the soft tissues lining the mouth which can help to detect early signs of cancer. The dentist used a bespoke check list with a diagrammatic map of the soft tissues of the mouth. We saw examples of well completed check lists and specific soft tissue problems recorded and reviewed.

Health promotion & prevention

There was a variety of information leaflets in the waiting room and reception area that explained the services offered and information about effective dental hygiene. The practice took appropriate action to promote good oral health. The staff we spoke with were 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. Copies of the document were seen in the reception area.

The dentist told us that he would discuss oral health with patients including effective brushing and dietary advice.

These discussions with patients were recorded on the dental care record. Oral cancer checks and assessments of smoking and alcohol intake were also present in the records.

Staffing

There were sufficient numbers of suitably qualified and skilled staff working at the practice and there was a system in place to cover for sickness and leave.

The staff we spoke with told us they had good access to on-going training. The dentist and dental nurse were required to keep a record of their continuing professional development (CPD) in order to maintain their registration with the General Dental Council (GDC). The dental nurse had recently qualified and we saw their training portfolio which was comprehensive and well organised. We saw evidence to demonstrate the dentist had completed training to meet the requirements of their registration. The training records we looked at showed details of the number of hours they had completed and training certificates were also in place.

There was a basic appraisal system in place which was used to help identify training needs and grade their performance. Staff told us they had found the appraisals to be a useful process.

There was an informal on the job supervision system in place and staff told us they were able to raise any issues directly with the dentist. The staff told us they felt well supported by the dentist and their colleagues. Although there were no formal team meetings any necessary information was passed on at the start of the day or during lunch when the practice was closed.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back for on-going care and treatment.

We noted that the clinical governance file contained examples of referral pathways. This included the referral letter, letter of acknowledgement from the specialist along

Are services effective?

(for example, treatment is effective)

with the letter explaining the treatment carried out. We saw examples of referral pathways for patients who required a general anaesthetic, advanced gum treatment and orthodontics (the straightening of maligned teeth).

Consent to care and treatment

The dentist had an understanding of consent issues. He stressed the importance of communication skills when explaining care and treatment to patients. The dentist explained that he gave patients a detailed verbal explanation of the type of treatment required, including the risks, benefits and options. Although the patient comment cards described that procedures were explained clearly, the dental care records did not always capture the discussions between the dentist and the patient explaining the treatment options, risks and benefits.

The dentist told us that they did not usually carry out treatments on the same day as the assessment unless it was an emergency. They preferred to provide patients with information and to give them time to consider their options before returning for treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentist explained how they would act in the best interests of the patient by involving a relative/carer or healthcare professionals to ensure the patients' needs were met. The practice had a consent policy and a folder containing Department of Health guidance about the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment room was situated away from the main waiting area and we saw that doors were closed at all times patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

The reception area was situated in the waiting area and although we could hear telephone conversations where appointments were being made we did not hear any personal information discussed. We saw that the receptionist made calls to patients to remind them of upcoming appointments.

Patients' clinical records were stored securely. Staff members were able to describe their responsibilities in relation to data protection and how to maintain confidentiality.

We reviewed 16 CQC comment cards patients had completed prior to the inspection and spoke with five patients. The comment cards we observed specifically commented on the fact that they were always treated with dignity and respect and that they were always listened to.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. The practice staff told us that they provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS costs was displayed in the waiting area which gave details of the cost of treatment and entitlements under NHS regulations. A copy of the costs of private treatment was also clearly displayed in reception.

The dentist we spoke with paid particular attention to patient involvement when drawing up complex individual care plans. One treatment record we looked at where complex treatment was proposed contained information about their treatment and the options open to them as well as treatment costs.

Feedback in CQC comment cards and from the patients we spoke with confirmed they felt listened to and were given enough information about their treatment options, benefits, risks and cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at the information available to people. We saw that the practice information leaflet displayed in reception contained a variety of information including opening hours, emergency 'out of hours' contact details and arrangements. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

Staff told us appointments were planned to allow sufficient time to complete the treatments. They told us they did not feel under pressure to rush and always had enough time to prepare the treatment room between patients.

New patients were asked to provide a medical history to ensure the dentist was aware of any medical conditions, medication or allergies. The patients we spoke with told us they were asked by the dentist if there had been any changes since their last visit although this was not evident in the dental care records we looked at.

Patients were able to book their next routine appointment following their check-up and were able to request a reminder.

Tackling inequity and promoting equality

The practice had ensured that they tackled inequality and the service was available to all. The practice had carried out an assessment under the Equality Act which was dated September 2014.

The practice facilities were on the ground floor enabling patients with physical impairments to access the practice easily.

Staff told us they had not experienced communication difficulties with patients. They told us if language was an

issue, patients would attend the appointment with a relative or friend that could translate for them. If this was not possible they would access a telephone interpretation service.

Access to the service

The patients we spoke with told us they were able to get an appointment to suit their needs. In the event of an emergency patients would be seen on the same day or within 24 hours.

The practice opening hours were: Monday, Tuesday, Thursday and Friday 9:00 am to 5:30 pm and Wednesday 9:00am to 1:00pm. The practice closed from 1:00 pm to 2:00 pm each day for lunch.

The practice displayed its opening hours in the premises and in the practice leaflet. There was an answer phone for patients to use that gave them information about how to access treatment when the practice was closed.

Concerns & complaints

There was a policy and procedure in place that provided staff with clear guidance about how to handle a complaint. Staff told us they would refer any complaints or concerns to the dentist who would take action to investigate. Information on how to make a complaint was not displayed in the practice leaflet.

We looked at the complaint log book and saw there had been no complaints made in the last 12 months. Staff told us if a patient made a complaint they would record the detail of the complaint, the action taken to address the concerns and the outcome of any investigations.

We spoke with five patients on the day of our inspection and all of the patients told us that they had no complaints about the care and treatment they received. CQC comment cards reflected that patients were extremely satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had a statement of purpose that described their vision, values and objectives. The practice maintained a clinical governance file which contained policies and protocols and procedures which were mapped to the CQC's previous outcome framework for maintaining essential quality standards of professional practice. This file contained policies and protocols such as control of substances hazardous to health (COSHH) sheets, a fire risk assessment which was carried out in January 2015 and policies and procedures relating to adult and child safeguarding.

The practice had a well-defined management structure which all the staff were aware of. Staff we spoke with understood their roles and responsibilities within the practice.

There were risk assessments in place relating to; manual handling, use of equipment in the dental practice and fixed electrical installations.

Leadership, openness and transparency

The practice is led by a single handed practitioner with three staff. Staff told us they enjoyed working in the practice, there was positive atmosphere and leadership in the practice was good. Staff were clear in both their roles and the delivery of care in the practice.

The staff that we spoke with said there was an open culture at the practice they felt valued and supported by the dentist and their colleagues. They told us if an issue was

raised it was resolved quickly and that the dentist was friendly and approachable. Staff reported that they could raise issues at any time and these would be dealt with appropriately.

Learning and improvement

Although the dentist was keeping up to date by attending courses on various aspects of clinical care which was evidenced in the clinical governance file, the practice did not audit standards in relation to record keeping and the auditing of infection control procedures was not carried out as regularly as that recommended by national guidelines. The provider gave assurances that this would be done as a matter of priority. We did see the dental nurses training manual which was very well presented and was meticulously completed with respect to the various competency milestones of her training period.

The practice sought feedback from patients and staff. The practice undertook annual appraisals of staff in addition to day-to-day informal supervision.

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

Staff told us they had carried out patient surveys but there had not been a recent survey. They encouraged patients to give feedback at any time they visited the practice but this was usually verbally.

There were no formal staff meetings held but information was shared as and when it arose. The practice had a very small staff group and the staff we spoke with told us their views were sought at appraisals and informally. They told us their views and suggestions were listened to and ideas adopted where it was thought they would improve the service.