

## Baildon Dental Centre Limited

# Baildon Dental Centre

### Inspection Report

8 Northgate  
Baildon  
Shipley  
West Yorkshire  
BD17 6JX

Tel: 01274 596811

Website: [www.baildondentalcentre.com](http://www.baildondentalcentre.com)

Date of inspection visit: 8 December 2015

Date of publication: 31/03/2016

### Overall summary

We carried out an announced comprehensive inspection on 8 December 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**

Baildon Dental Centre is situated in Baildon, West Yorkshire. It offers private dental treatments to adults and NHS dental treatment to children. The services include preventative advice and treatments and routine restorative dental care.

The registered provider has an expense sharing agreement with another registered provider who also works from the same premises.

The practice is situated on the first floor of a building above a row of shops. Access to the practice is from the rear of the building up a short flight of steps.

The practice has one surgery, a decontamination room, a waiting area and a reception area.

There is one dentist, one dental nurse and a receptionist who is shared with the other registered provider.

The opening hours are Monday, Tuesday and Thursday from 8-30am to 5-00pm and Wednesday and Friday from 8-00am to 12-00pm.

The practice owner is 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'.

# Summary of findings

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 24 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and tidy environment, were informed of treatment options, were able to make appointments in a timely manner and were made to feel comfortable and relaxed.

## **Our key findings were:**

- The premises was clean and hygienic.
- The practice had some systems in place to assess and manage risks to patients and staff including health and safety, and the management of medical emergencies. However staff were not fully aware of the process for reporting significant events.
- Treatment was generally provided in line with current best practice.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had an effective complaints system in place.
- Staff were qualified and had received training appropriate to their roles.

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

- Review the practice's infection control procedures and protocols with regards to the manual scrubbing of dirty instruments and the storage of instruments giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Improve staff awareness of the process for reporting significant events including documenting, investigating and taking the appropriate action to prevent it happening again.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Replace the fabric sofa in the treatment room with a wipe clean alternative.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention.'

# 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 had a limited understanding of the reporting of incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed two incidents in the last 12 months. We saw that if patients were involved, then they would be given an apology and informed of any actions as a result of the incident.

Some unbagged instruments were left in drawers in the surgery and were not re-sterilised at the end of the session.

Staff had received training in safeguarding patients 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 conditions or medicines which could affect the planning of treatment.

Staff were trained to deal with medical emergencies. However, the practice did not have buccal midazolam in accordance with the British National Formulary and some items in the emergency kit were out of date or could not be located by staff.

### **Are services effective?**

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed some best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). However, the practice did not always apply fluoride varnish in line with the 'Delivering Better Oral Health' toolkit

The clinical staff were up to date with their continuing professional development.

### **Are services caring?**

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

We reviewed feedback from 24 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given. We noted that reception staff provided a warm welcome and were friendly, helpful and considerate. It was evident through observations that patients felt comfortable within the practice.

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

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.

# 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.

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. No complaints had been received in the last 12 months.

## **Are services well-led?**

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

There was a range of policies and procedures in use at the practice. We saw that these were not conveniently organised for staff to access the information quickly

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, results including positive outcomes were not always shared with the staff.

They undertook monthly patient satisfaction surveys and were also undertaking the NHS Friends and Family Test.

# Baildon Dental Centre

## 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 was supported by a specialist advisor.

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

During the inspection we reviewed feedback from 24 patients, spoke with the dentist, the dental nurse and the receptionist. 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 a system for reporting accidents and incidents. We reviewed two recent incidents which had occurred. One was completed by the dentist and involved a patient. We saw from the records that the patient had been followed up the next day and an apology given. The second incident which was reported by one of the dental nurses involved a sharps injury and was entered into the accident book. It was clear that there was a limited understanding of the significant event analysis process and the importance of deriving learning from such an event. Discussions of these significant events were on an ad hoc basis as there were no formal staff meetings.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were printed out and given to the dentists to see if any action was needed.

### Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were available to staff in a dedicated folder in the office. There were contact details for the local safeguarding team.

Staff were knowledgeable about the different kinds of abuse which could occur including dental neglect. The registered manager was the safeguarding lead in 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.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and a protocol to prevent the dental nurse from handling syringes.

Rubber dams (this is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth) were not used in root canal

treatment in line with guidance from the British Endodontic Society. However, we were told that root canal instruments were either secured in a dental handpiece or by means of floss tied to the instrument.

We saw that patients' records were accurate, complete, legible, up to date and stored securely to keep people safe.

### Medical emergencies

The practice had procedures in place which provided staff with 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 received training in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the decontamination room. Staff knew where the emergency kits were kept although they were unable to locate the portable suction equipment when asked. 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). We noted that the emergency medicines kit did not contain buccal midazolam in line with BNF guidance. Buccal midazolam is a medicine used to stop seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum). There were also out of date syringes and guedel airways. These issues were brought to the attention of the registered manager and we were told that these issues would be rectified.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. The Resuscitation Council UK guidelines recommend that emergency equipment is checked on a weekly basis. This was brought to the attention of the registered manager and we were told that a weekly checklist would be implemented for the emergency oxygen and AED.

### Staff recruitment

# Are services safe?

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.

No new staff had been recruited for approximately four years; therefore there was no recent evidence of the current procedure being implemented. However, we saw that historically this procedure had been followed.

We reviewed a sample of recruitment files and found that the practice had carried out Disclosure and Barring Service (DBS) checks for all employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

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

## **Infection control**

There was an infection control policy and procedures to keep staff and patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (e.g. Hepatitis B) to ensure the safety of

patients and staff. The registered manager was the nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

We observed the treatment rooms 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 which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. 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. However, we noted in the surgery that there was a fabric sofa which could not be effectively cleaned. This was brought to the attention of the registered manager and we were told that this would be replaced with a wipe clean alternative.

We found instances where the practice did not follow the guidance on 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)'. During the inspection we noted that some unwrapped instruments (dental handpieces and hand scalers) were stored in surgery drawers. We were told that most of these would be used during the day. However, there were some which were not used on a daily basis. HTM 01-05 states that unwrapped instruments stored in a clinical area should be re-sterilised after one day. Surgical instruments including extraction forceps were appropriately bagged.

Decontamination procedures were carried out in a dedicated decontamination room as advised by HTM 01-05. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room, minimising the risk of contamination.

The dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments;



# Are services safe?

packaging and storing clean instruments. The practice used an ultrasonic bath or a manual scrubbing procedure to clean the used instruments. However, we saw that dirty instruments were scrubbed under running water which increases the risk of splashing and aerosol formation. An appropriate detergent was not used and the brushes were not long handled as advised by HTM 01-05. The water temperature was not being monitored to ensure it was below 43 degrees. The instruments were then examined visually with an illuminated magnifying glass, before sterilisation 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. However, we noted that the disposable apron was not discarded after completing the decontamination process.

The practice had some systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. We saw that the steam penetration test was carried out on a daily basis.

The practice had carried out the self- assessment audit in December 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit suggested that the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in 2011 (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 rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month, undertaking quarterly water tests and the use of a water conditioning agent. The legionella risk assessment was reviewed on an annual basis to ensure that it was still valid and in line with current guidance.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, and dental chairs. We saw evidence of regular servicing of the autoclave and X-ray machines.

NHS prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked in a cabinet at night to ensure they were secure. The practice also provided private prescriptions for adult patients. No prescription medicines except high strength fluoride toothpaste were kept on site.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all 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-ray developer and we saw evidence that regular tests were conducted on this machine to ensure that the quality of X-rays developed was acceptable.

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 the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays as part of their treatment.

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 audits confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays. This included identifying that the maintenance and processing of the X-rays was good. The audit results were not shared with staff.

The justification for taking an X-ray, a grade of the image and a detailed report of the image were documented in patients' dental care records.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic 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 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. This was documented and also discussed with the patient.

We reviewed information recorded in dental care records regarding the oral health assessments, treatment and advice given to patients. 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.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Patients' medical histories were checked by the dentist every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

### Health promotion & prevention

The dentist was aware of the importance of preventative advice and care in helping patients to achieve better oral health. They did not always follow guidance in 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. The dentist did not always apply fluoride varnish to children between the ages of 3 and 16 as recommended by DBOH.

The practice had a selection of dental products on sale in the reception area to help patients maintain oral health. High fluoride toothpastes were available to purchase at the reception desk on the recommendation of the dentist.

The medical history form completed by patients included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room 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 making the new member of staff aware of the infection control procedures, showing the new staff member the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists.

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC) or complete training which related to their individual role. For example, the receptionist told us that they had completed a course on Information Governance specific to her role. .

Records showed that all clinicians were GDC registered and we saw evidence of on-going CPD.

The dental nurse was supervised and supported by the dentist. We were told that the dentist was readily available to speak to at all times for support and advice. Staff told us they recently received annual appraisals and these covered topics including performance, future aspirations and general wellbeing. We saw documented evidence of the appraisals.

### Working with other services

The practice worked with other professionals for the benefit of patients. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed 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 in response were first seen by the referring

# Are services effective?

(for example, treatment is effective)

dentist to see if any action was required and then stored in the patient's dental care records. The practice had a procedure for the urgent referral of patients with a suspected malignancy.

## **Consent to care and treatment**

Patients were given appropriate verbal information allowing them to make decisions about the treatment they received. The dentist knew how to ensure that patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in helping the patient to understand and make decisions. The dentist was aware of the importance of involving children in decision making and ensuring their wishes were respected regarding treatment.

The dentist had a good understanding of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. The dental nurse showed a basic understanding of the MCA. However, neither had received specific MCA training.

The dentist ensured patients gave verbal consent before treatment began and this was documented in the dental care records. When appropriate, patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be withdrawn at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Feedback from patients was positive and indicated that they were treated with care, respect and dignity. They said that staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We were told that anxious patients were constantly reassured and staff used lots of explanations to help them cope with the treatment.

We witnessed interactions between patients and staff to be kind, friendly and caring. It was clearly evident that patients felt comfortable at the practice and enjoyed attending.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. The reception area was separate to the waiting room which helped maintain patients' confidentiality. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them. Surgery doors were always kept closed when a patient was inside and we were told that staff always knocked on the door before entering the room to ensure that it was appropriate to enter.

Patients' care records were stored electronically; password protected and regularly backed up to secure storage systems. The paper part of the care records were stored in lockable cabinets when the practice was closed.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients said they felt involved in their treatment and it was fully explained to them. The dentist 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.

Staff ensured patients were involved in treatment by means of explanations appropriate to the patient's age. We were told that children would be involved in treatment decisions along with their parents or carers.

Patients were also informed of the range of treatments available in information leaflets, on notices in the practice and on the practice website.

# 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 efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that dedicated emergency slots were available each day. If the emergency slots had already been filled, the patient was invited to come in and sit and wait for an appointment if they wished. Patients agreed that they were rarely kept waiting for their appointment and that they could access care and treatment in a timely way. The appointment system met their needs.

Patients said 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. The practice was located on the first floor of the premises; therefore, wheelchair access was not possible. The lack of wheelchair access was made clear in the practice leaflet and on the NHS choices website. Potential patients would be made aware of this before booking an appointment.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the website. The opening hours were Monday, Tuesday and Thursday 8-30am to 5-00pm and Wednesday and Friday 8-00am to 12-00pm.

Patients were signposted to an emergency dental service on the telephone answering machine, the practice website and the practice information leaflet.

### Concerns & complaints

Practice policy provided staff with clear guidance on complaint handling. Staff told us they raised any formal or informal comments or concerns with the dentist to ensure responses were made in a timely manner.

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

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice information leaflet. No complaints were received in the last 12 months.

# 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 manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service and that these were used to make improvements. The practice had some governance arrangements in place to ensure risks were identified, understood and managed appropriately. However, staff had a limited involvement of the significant event analysis process and the importance of deriving learning from such an event.

We saw risk assessments and control measures in place to manage risks, for example fire and infection control. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, dental care records and X-ray quality. Where areas for improvement had been identified action had been taken.

There were a range of policies and procedures in use at the practice. We saw that these were not conveniently organised for staff to access the information quickly.

### 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. Staff knew how to raise concerns and told us that the dentist was approachable, would listen to them 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. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was generally performing well. Where issues had been identified action plans were formulated to address the issues. However, we noted that there was limited evidence that results of the audits were discussed with staff. For example, the results of the recent X-ray audit identified that the quality of the processing of X-rays was particularly good and was as a result of regular maintenance from the dental nurse. The dental nurse was unaware of this.

Staff told us they were required to complete essential training each year; this included medical emergencies and basic life support. Staff working at the practice were supported in maintaining their continuous professional development as required by the General Dental Council.

The practice did not hold regular staff meetings. We discussed this with the dentist and he agreed that it would provide a suitable opportunity to discuss significant events, infection control procedures and practice performance.

Staff told us they had received annual appraisals and reviews of their professional development. This included an infection control competency assessment. Training needs were assessed and discussed at these appraisals. We saw evidence of completed appraisal documents.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying a monthly patient survey and a comment box in the entrance hall area. The receptionist was responsible for undertaking the survey and fed back the results to the dentist. The most recent results of the patient surveys indicated a high patient satisfaction. The practice also conducted the NHS Friends and Family Test (FFT). The most recent FFT results showed that 99% of patient were likely to recommend the practice to friends and family.