

Genix Healthcare Ltd

# Genix Healthcare Dental Clinic – Mexborough 1

## Inspection Report

88-90 Main Street  
Mexborough  
South Yorkshire  
S64 9EB  
Tel: 01709 582309  
Website: [www.genixhealthcare.com](http://www.genixhealthcare.com)

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### Overall summary

We carried out an announced comprehensive inspection on 25 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.

### **Background**

Genix Healthcare Dental Clinic - Mexborough 1 is situated in Mexborough. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided include preventative advice and treatment, routine restorative dental care and dental treatment under conscious sedation. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has five surgeries, a recovery room, a decontamination room, a storage room, two waiting areas, a reception area and toilet facilities.

There are currently five dentists, a maxillofacial surgeon and an anaesthetist. There are also six dental nurses who also share reception duties and a practice manager.

The opening hours are Monday and Wednesday to Friday 9-00am to 5-30pm and Tuesday 9-00am to 6-30pm.

The practice manager 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.

During the inspection we spoke with three patients who used the service and reviewed 17 completed CQC comment cards. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly and they were treated with dignity and respect.

## **Our key findings were:**

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients were treated with care, respect and dignity.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

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

- Take action to seal the floor in the "Hepburn" surgery.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future. Patients would be given an apology and informed of any actions as a result of the incident.

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

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

Patients medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

### **Are services effective?**

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

Patients' dental care records provided 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 best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

We reviewed 17 comment cards and spoke with three patients. Common themes were that patients felt that 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 was given. It was also noted that reception staff were always very helpful.

We observed patient's privacy and confidentiality were maintained at all times in the waiting room and reception area.

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 patients 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.

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

The practice had undertaken a disability access risk assessment and reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

Emergency appointments were available each day. They also offered extended opening hours on Tuesday evening. Patients commented that they were able to access emergency appointments when required. There were clear instructions available for patients who required emergency treatment outside opening hours.

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

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

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

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. They regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

# Genix Healthcare Dental Clinic – Mexborough 1

## Detailed findings

### Background to this inspection

This announced inspection was carried out on 25 August 2015 by three CQC inspectors.

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

During the inspection we toured the premises, spoke with three dentists, two dental nurses and the practice manager. 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 clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. Patients were given an apology and informed of any action taken as a result.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

### 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 readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead professional in the practice and most staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however they were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety 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).

Rubber dams (a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway) were used in root canal treatment in line with guidance from the British Endodontic Society although the use was not always recorded in patient records.

We saw that patient records were accurate, complete, legible, up to date and stored securely to keep people safe and safeguard from abuse.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency; everyone had received annual training in emergency resuscitation and immediate life support including extra training on sedation emergencies as a team within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the practice manager's office downstairs, oxygen was also available in the upstairs surgeries. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

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

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration.

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

We reviewed records of staff recruitment and these showed that all checks were in place. All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). The practice employed two trainee dental nurses who are not required to be registered with the 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

# Are services safe?

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

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

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

## Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely the 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

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

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff we spoke with 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. We

noted that in one surgery the floor was not fully sealed which means that the area could not be cleaned effectively. This was brought to the attention of the practice manager who said they would take immediate action to rectify this.

There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. 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.

Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

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

Some of the staff showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. They routinely used a washer disinfectant to clean the instruments, then examined them visually with an illuminated magnifying glass, before sterilising them in an autoclave. However, the steriliser data logger had not been able to transfer information to the computer for several weeks. The practice had risk assessed this and decided to use sterilisation test strips to ensure that each sterilisation cycle was effective.

The decontamination rooms 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 heavy duty gloves, disposable gloves, aprons and protective eye wear.

# Are services safe?

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

The practice had carried out the self- assessment audit 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 showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in September 2014 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had undertaken regular in-house risk assessments for legionella. 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 and also tests on the on the water quality to ensure that Legionella was not developing.

## **Equipment and medicines**

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, washer disinfectors and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of autoclaves and washer disinfectors.

Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given and also audited prescriptions given by each dentist to ensure that they were safely given and in line with current guidelines.

## **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.

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

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 to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.



# 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 with the dentists information recorded in eight patient 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.

We observed a patient being treated under conscious sedation. The patient had their blood pressure and oxygen saturation checked before and continuously throughout treatment. After the treatment the patient was moved to the recovery room where they had their blood pressure and oxygen saturation checked and given post-operative instructions with relation to conscious sedation prior to being discharged. Accurate and contemporaneous records were kept of the procedure. All aspects of the treatment were in line with the Society for the Advancement of Anaesthesia in Dentistry (SAAD) guidance.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient 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 their 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. Justification for the taking of an x-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Records and discussions with patients showed a diagnosis was discussed with the patient and treatment options explained. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed by the patient before treatment and saved into the patient's electronic record.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health Toolkit' (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health. Where required high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There

were health promotion leaflets available in the waiting room and surgeries to support patients.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

# Are services effective?

(for example, treatment is effective)

Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included immediate life support and infection prevention and control.

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

Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

The practice completed detailed proformas or referral letters to ensure the specialist service

had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

## **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Staff we spoke with had undertaken training on the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. Staff ensured patients gave their consent before treatment began.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records.

# Are services caring?

## Our findings

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

We looked at 17 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were positive about their experience and they commented that they were treated with care, respect and dignity. They said 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 observed privacy and confidentiality were maintained for patients who used the service on the day of inspection.

We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

All staff had received training in the Mental Capacity Act (MCA) 2005. Patients were also informed of the range of treatments available and their cost 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

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment, routine restorative dental care and conscious sedation.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours.

Staff told us the practice asked the patients to come down and "sit and wait" for an emergency appointment. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us and comments cards confirmed they had flexibility to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointment if these were available.

### 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 recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

The practice had treatment rooms on the ground and first floor of the premises. The practice had made reasonable

adjustments to accommodate patients with a disability or lack of mobility. Wheelchair access was available at the rear of the building. There were sufficient treatment rooms on the ground floor to be able to accommodate patients who were unable to use the stairs. There were disabled toilet facilities on the ground floor.

### Access to the service

The practice displayed its opening hours in the premises, on the practice website and in the practice leaflet. Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine,

on the practice website and in the practice information leaflet.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet. We reviewed complaints which had been received in the past 12 months and these had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient.

# Are services well-led?

## Our findings

### Governance arrangements

The practice 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. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

We saw risk assessments and the control measures in place to manage those 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, patient records, prescriptions 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. The practice held monthly staff meetings involving all staff where governance was discussed.

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

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaints and compliments they had received in the last 12 months and the actions that had been taken as a result.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately.

We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

### Learning and improvement

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and immediate life support and infection control.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff also had access to online training which recorded their CPD.

The practice audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography-both the quality of

X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent.

The audits included the outcome and actions arising from them to ensure improvements were made. The practice held monthly staff meetings where significant events and ways to make the practice more effective were discussed and learning was disseminated.

All staff had annual appraisals where learning needs, concerns and aspirations could be discussed. The dentists also had monthly one to one meetings with the practice manager

where concerns could be voiced and support given.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including carrying out twice yearly patient surveys. The practice also undertook the NHS Family and Friends Test.