

# Mrs Zoe Rebecca Burns

# Star Dental Care

## Inspection Report

19 Finkle Street  
Thirsk  
North Yorkshire  
YO7 1DA  
Tel: 01845522602  
Website: [www.stardentalcare.co.uk](http://www.stardentalcare.co.uk)

Date of inspection visit: 10 December 2015  
Date of publication: 28/01/2016

## Overall summary

We carried out an announced comprehensive inspection on 10 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**

Star Dental Care provides dental treatment to mainly NHS patients. The dental practice is located in the town of Thirsk, North Yorkshire. There is a ground floor surgery, a first floor surgery and two second floor surgeries, which are accessible by stairs. There is one main reception area and a waiting room. There are four dentists, a foundation dentist, a dental hygiene therapist, four dental nurses that also work on reception, a practice manager and a deputy manager. Parking is available near the practice and the practice is close to main bus services to the town centre.

The practice offers a mix of NHS and private dental treatments. The services include preventative advice, routine restorative dental care and private orthodontic treatment.

The practice is open:

Monday –Tuesday 09:00 - 17:15

Wednesday 08:30 - 17:15

Thursday 08:45 - 17:15

Friday 09:00 - 16:30

On the day of inspection we received nine CQC comment cards providing feedback and spoke to three patients. 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

# Summary of findings

were very pleased with the service. They found the staff to be welcoming, helpful, pleasant and caring and they were treated with dignity and respect in a clean and tidy environment.

## **Our key findings were:**

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- Staff had been trained to manage medical emergencies.
- Infection prevention and control procedures were in accordance with the published guidelines.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The practice sought feedback from staff and patients about the services they provided.

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

- 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.
- Implement risk assessments for the practice including a sharps, giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review the protocol for receiving, sharing and acknowledging alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.
- Implement a policy for lone working for all members of staff.
- Review audits of various aspects of the service, such as radiography, infection prevention and control and dental care records are undertaken within the guidelines to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

# 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.

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw that staff had received training in infection control. There was a decontamination area and guidance for staff on effective decontamination of dental instruments.

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

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment dated January 2014, evidence of regular water testing was being carried out in accordance with the assessment and this was due for review in 2016.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients were recalled after an agreed interval for an oral health review.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and 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.

Patients dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff 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.

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.

Comments on the nine completed CQC comment cards we received included statements saying the staff were excellent, efficient, caring and they were treated with dignity and respect in a clean and tidy environment. Patients we spoke with on the day confirmed this.

# Summary of findings

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

## **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had disability access and facilities where reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

The practice had a complaints process which was available to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had a patients' advice leaflet available in the waiting room.

## **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. The registered provider was responsible for the day to day running of the practice and also delegated tasks to the practice manager and deputy manager.

The practice regularly undertook patient satisfaction surveys and was also undertaking the NHS Family and Friends Test.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, patient dental care records and X-rays.

# Star Dental Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 10 December 2015 and was led by a CQC Inspector and a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, two dental nurses, the practice manager and the registered provider. We saw policies, procedures and other records relating to the management of the service. We reviewed nine CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff had a basic understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered provider told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice an accident book which had two entries recorded in the last 12 months, these had been processed in accordance with the practice policy.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received two complaints in the last year and there was evidence these had been processed in accordance with the policy and in a timely manner and discussed at staff meetings.

The registered provider told us they did not have a system to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. On the day of the inspection the registered provider set up a process to receive alerts and told us this would be shared and discussed at future staff meetings.

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

We reviewed the practice's safeguarding policy and procedures in place for safeguarding children and vulnerable adults using the service. They included the contact details for the local authority safeguarding team,

social services and other relevant agencies. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, all staff were trained to level two and the lead had undertaken further training to level three. Staff could easily access the safeguarding policy. The dentists we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered provider told us they did not routinely use a rubber dam at the first stage when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. The registered provider assured us that safe systems would be put in place immediately.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

We discussed with registered provider that no lone working policy was in place within the practice, this would ensure safe systems are in place in case of an emergency. This had been discussed at recent staff meeting and the practice was looking to implement a policy and safe systems as soon as possible.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

# Are services safe?

We saw the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked weekly. Emergency medicines were also checked regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date.

## **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed seven personal files which confirmed that the processes had been followed.

We saw staff had been checked by the Disclosure and Barring Service (DBS). One member of staff had been checked since 2006 and this was in the process of being rectified. The DBS 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 saw all staff had their own personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

## **Monitoring health & safety and responding to risks**

The practice had no risk assessments in place to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. This was brought to the attention of the registered provider to implement as soon as possible. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in January 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to

known hazardous substances in a practical way. We saw that the registered provider had reviewed the COSHH folder in January 2015 and as required if any new materials were brought into the practice to ensure their records were up-to-date.

The registered provider showed us there had not been a fire risk assessment since 2010. They were aware this needed to be reviewed and evidence of a new assessment to take place in January 2016 was shown on the day of the inspection. There was evidence of fire drills being undertaken in October 2015. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a decontamination area that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We discussed with staff appropriate personal protective equipment when working in the decontamination area this included disposable gloves and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that it was functioning properly.

We saw from staff records that all staff had received infection control training in at various intervals during 2015.

# Are services safe?

There was adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap were also available in the toilet.

We saw the sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection apart from full sharps containers that were stored in the decontamination area ready for collection, this room was not secure. This was brought to the attention of the registered provider to store with the other clinical waste, securely. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated January 2014 and a new assessment was due to be carried out in January 2016. The registered provider was booked on to a course to become the responsible person and had undertaken some online training to raise awareness of the water testing requirements within the practice. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was evidence of water testing taking place within the practice and dip slides used to test the water from the dental unit water lines.

## Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually. There was also an electrical installation condition report that had been completed in June 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in November 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

## Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly. The registered provider told us they undertook annual quality audits of the X-rays taken.

We saw the results of the January - June 2015 X-ray audit, however no action plans or learning outcomes were in place to continuously improve the procedure and reduce future risks. When we looked further in to the audit, evidence showed that two surgeries results were not in accordance with the National Radiological Protection Board (NRPB) guidelines. Discussions with the registered provider brought up one surgery had the wrong aiming device that meant more X-rays had a less than adequate grading. Action plans specific to the clinician would have picked this up and learning outcomes could have been implemented sooner.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice or referred them to the dental hygiene therapist for more detailed advice.

The dental care records audits showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The audits showed that dental examination appointments included checks for gum disease and oral cancer had taken place.

There was evidence that patient records had been regularly audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in June 2015 where an action plan was in place to address the issues that arose.

The registered provider and dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the audits that the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or NHS orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had a dental hygiene therapist to help support this.

The registered provider advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

The practice also provided care and information to local schools including prevention advice through play for year three children.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and training requirements were discussed at these times. Evidence of this was seen within their personal files.

Staff told us they had enough of staff to help cover period of absence, for example, because of sickness or holidays. There was also a locum agency where by staff could come to help if the need arose.

### Working with other services

The registered provider and dentists explained that they would refer patients to other dental specialists when necessary, for example patients for sedation, minor oral surgery and NHS orthodontic treatment when required.

# Are services effective?

(for example, treatment is effective)

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The dentists said they had a good line of communication with local services to help efficient and effective treatment for patients.

## **Consent to care and treatment**

Staff demonstrated a good awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The registered provider and dentists informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient care records.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training and this was reviewed annually. We saw the patient records were held securely both on paper and electronically and passwords were regularly changed.

We received nine CQC comment cards providing feedback. 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 pleasant and efficient and caring and they were treated with dignity and respect.

A monitor was in the waiting room providing information about different treatment offered at the practice and information about the team members.

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

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the reception/waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The dentist told us that they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice is open:

Monday –Tuesday 09:00 - 17:15

Wednesday 08:30 - 17:15

Thursday 08:45 - 17:15

Friday 09:00 - 16:30

For patients in need of urgent dental care during normal working hours the practice offered same day appointments for example those patients in pain.

### Tackling inequity and promoting equality

One surgery is located on the ground floor of the building, one is on the first floor and two are on the second floor. Access to the practice was adequate for all patients. The practice asked patients with mobility requirements if they were happy to see the foundation dentist who normally worked on the ground floor. On a Friday the ground floor surgery was free so other clinicians could accommodate their patients to see their own dentist or appointments could be made at lunch time to accommodate patient's.

We saw all staff had received equality and diversity training and staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services and the practice had access to translation services if the need arose.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service. Information about this was displayed on the practice notice board, within the practice leaflet and information was on the practice answering machine.

### Concerns & complaints

The practice had a complaints policy and procedure in place. The practice displayed information in the waiting area on how to complain, the practice also provided patients' advice leaflets.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received five complaints in the last year. There was evidence that complaints had been processed in accordance to the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The staff were aware of the complaints process and told us they would refer all complaints to the practice manager or registered provider to deal with.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

The practice had audit systems to review patient dental care records. Since this was last undertaken in June 2015, we did not review any dental care records on the day of the inspection. We found if a clinician was not following the guidance provided by the Faculty of General Dental Practice an action plan was discussed to help improve record keeping. For example, evidence of justification and grading of an X-ray was not routinely recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dental hygiene therapist had audited referred patients from the dentists to ensure the basic periodontal charting was in line with the practice guidance. A referral flow chart was implemented to make to process easier to understand and ensure consistent systems were in place for each clinician.

### **Leadership, openness and transparency**

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and, where relevant, it was evident that the

practice worked as a team. All staff were aware of whom to raise any issues with and told us that the practice manager and registered provider were approachable to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The practice manager and registered provider were aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issued immediately should they arise.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw staff had personal files and showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered provider explained the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 91% of patients who completed the test said that they would recommend the practice to friends and family.

We saw the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.