Southport House Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 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

Southport House Dental Practice offers mainly NHS (approximately 99%) and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has four treatment rooms, a large waiting room, a reception area and a decontamination room situated on the ground floor of the premises. The practice is open Monday to Friday from 9.00am until 6.00pm.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. The principal dentist is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one full time dentist who is in their first (foundation) year of practice.

The practice has five dentists, five qualified dental nurses and a trainee dental nurse; in addition to three

Summary of findings

receptionists. One self-employed part-time dental therapist provides treatment to both NHS and private patients attending the practice, under the prescription of a dentist.

One of the principal dentists 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'. 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.

We viewed 47 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with three patients on the day of our inspection. We reviewed patient feedback gathered by the practice from the NHS Friends and Family Test. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease and listened to their concerns.

Our key findings were:

- There were systems in place to help ensure the safety of staff and patients including health and safety, infection prevention and control and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them. Patients told us they were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had systems to monitor and continually improve the quality of the service.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Staff were supported to maintain their continuing professional development (CPD) and had undertaken training appropriate to their roles.

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

- Review recruitment procedures and how documentation relating to staff recruitment and employment is retained; in order to establish a clear recruitment process and maintain complete and easily accessible staff records.
- Review at appropriate intervals the training, learning and development needs of individual staff members as part of an on-going process of staff support and supervision.

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 systems to assess and manage risks to patients; these included maintaining the required standards of infection prevention and control, health and safety and responding to medical emergencies. Medicines and equipment for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use.

Staffing levels were safe for the provision of care and treatment. Equipment used in the dental practice was well maintained. This included equipment used for decontamination of dental instruments and taking X-rays.

The practice did not have a written set of procedures or policy in place so support the safe recruitment of staff. Documentation relating to staff was not easily accessible.

Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The clinical staff were up to date with their continuing their 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 47 completed CQC comments cards and spoke with three patients on the day of the inspection. Comments were overwhelmingly positive about how they were treated by staff at the practice Patients commented they felt involved in their treatment and that it was fully explained to them

Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork and the computer screens could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

Patients commented they had easy access to both routine and emergency appointments. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Summary of findings

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. Staff were knowledgeable about the process. We found the practice responded promptly and ensured any learning was shared within the team.

Are services well-led?

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

There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions. There were systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The principal dentists confirmed they were introducing a more consistent process for monitoring and reviewing practice policies and documentation.

The principal dentists told us they were considering introducing a formal appraisal system in the next 12 months to further support the practice identify and meet staff training and development needs.

Southport House Dental Practice

Detailed findings

Background to this inspection

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

This inspection took place on the 3 December 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with 10 practice staff including, two principal dentists, an associate dentist, the dental therapist, three dental nurses and three receptionists. 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 systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and incident reporting procedures which included information and guidance about the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed accidents that had taken place in the last 12 months and found the practice had responded appropriately.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentists reviewed all alerts and spoke with staff to ensure they were acted upon. Staff were reminded of all new alerts each month on the staff noticeboard.

Staff we spoke with told us if there was an incident or accident that affected a patient; the practice would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

Reliable safety systems and processes (including safeguarding)

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). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The principal dentists were the safeguarding lead professionals in the practice and all staff had undertaken adult safeguarding and child protection training in the last 12 months. Staff we spoke with were knowledgeable about identifying, reporting and dealing with safeguarding concerns for both children and adults. The practice had an up to date child protection policy in place and a flow chart of how to raise concerns including contact details for the local authority child protection team. A safeguarding policy regarding vulnerable adults and contact details for the local adult social care team could not be located on the day of the inspection. The principal dentist confirmed this would be addressed as soon as possible.

Medical emergencies

The practice had a medical emergency policy and readily available protocols 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 working in any of the treatment rooms had easy access to the emergency resuscitation kit, oxygen and emergency medicines. 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 checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Three members of staff were trained in first aid and first aid boxes were easily accessible.

Staff recruitment

The principal dentists told us they had recruited a dentist and dental nurse trainee in the last two years. The principal dentists were knowledgeable about the requirement to check qualifications, identification, professional registration and seek references as part of the recruitment process. The practice had a system in place for monitoring that staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Are services safe?

The principal dentists told us it was their policy to carry 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.

However there was no written set of procedures or recruitment policy in place. The principal dentists told us they would be developing these documents to support future recruitment.

We looked at the documentation held by the practice for the two most recently appointed members of staff. We found appropriate documentation was in place, however it was not easily accessible. The practice stored recruitment and staff information in a number of different paper and computer systems. The practice showed us their induction programme for new employees, however a copy of the completed induction programme was not retained by the practice to provide assurance that the staff member had been supported to carry out their work. The principal dentists told us they would be reviewing what documentation they held relating to staff and ensure staff records were complete, easily accessible in one place and were in line with their recruitment procedures.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There was a comprehensive health and safety policy and set of procedures in place to support staff, including for the risk of fire, manual handling and managing spillages. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly serviced. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire.The practice had a detailed business continuity plan and disaster recovery policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

The practice had a risk management process in place, including a record of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, electrical equipment, managing waste and carrying out home visits. They identified significant hazards and the controls or actions taken to manage the risks. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. There was no record of the dates when the risks assessments or COSHH file were reviewed to provide assurance that they were up to date and effective. The principal dentists confirmed review dates would now be recorded.

Infection control

Two dental nurses were the infection control lead professionals and they worked with the principal dentists to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures.

We looked around the premises during the inspection and found the four treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Staff 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 were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in two adjoining rooms and there was a clear separation and flow from a dirty to a clean room to reduce the risk of cross

contamination. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented. This helped to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

A dental nurse showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. The practice routinely used washer-disinfectant machines to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in one of two autoclaves (a high temperature high pressure vessel used for sterilisation). Sterilised instruments were then placed in sealed pouches with a use by date. There were sufficient instruments available to ensure the service provided to patients was uninterrupted. Staff wore eye protection, an apron, heavy duty gloves and a mask throughout the cleaning stages. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

The practice had cleaning schedules and infection control daily checks for each treatment room and weekly checks and audits regarding for example hand hygiene and manual cleaning. However these were not retained by the practice. Following discussion the principal dentists told us they would maintain a record of these ongoing audits and checks and any actions arising from them as part of their quality assurance process.

Records showed a risk assessment for Legionella had been carried out in 2012. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the dental unit water lines in the treatment rooms at the beginning of each session and between patients. Following discussion, the principal dentists confirmed they would be reviewing the risk assessment as soon as possible and maintaining a record of the monitoring of cold and hot water temperatures each month.

Staff told us they received regular updates regarding infection control and hand hygiene. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the autoclaves, fire extinguishers and oxygen cylinders. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had clear guidance in place for the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics administered to patients were recorded in patient dental care records.

Prescription pads were securely stored and the dentists recorded information about any medication or prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out regularly. The results of the most recent audit in 2015 confirmed they were meeting the required standards. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissue lining the mouth and gums and any sign of mouth cancer. These assessments were reviewed at each examination in order to monitor any changes in the patient's oral health. Records showed a diagnosis was discussed with the patient and treatment options explained.

The dentist used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Medical history forms were updated annually and checked by the dentist at every check-up.. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies.

The dentists were informed by guidance from the Faculty of General Dental Practice (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.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

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' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were provided. Patients were referred to the practice's dental therapist as required.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

Staffing

The practice team consisted of five dentists, a dental therapist, five qualified dental nurses and a dental nurse trainee; in addition to three receptionists. The principal dentists planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. The principal dentists identified and provided mandatory training, which included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning.

Dental nurses were supervised by the dentists and supported on a day to day basis by the principal dentists. Staff had access to policies which contained information that further supported them in the workplace. Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an ongoing programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

Working with other services

The practice worked with other professionals 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. The principal dentist told us they had good access to urgent dental care services and would contact the specialist service to ensure patients were seen quickly. Staff we spoke with were knowledgeable about the urgent referral process where oral cancer was suspected.

Are services effective?

(for example, treatment is effective)

Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had guidance for staff about when consent was required and how it should be recorded. The dentists were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff described the role family members and carers might have in supporting patients to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

We reviewed a random sample of dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed that they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 47 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of the inspection. We reviewed patient feedback gathered by the practice through patient comments from the NHS Friends and Family Test. Patients commented they were treated with respect and dignity and that staff were sensitive to their individual needs including patient anxiety.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Electronic dental care records were password protected and paper records were securely stored in locked filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork and the computer screens could not be viewed by patients booking in for their appointment.

Staff had access to policies and procedures regarding patient confidentiality and maintaining patient data securely. Sufficient treatment rooms were available and used for all discussions with patients. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

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 the waiting room and in practice leaflets. Staff told us patients were seen as soon as possible for emergency dental care and this was normally within 24 hours. There were vacant appointment slots each day to accommodate urgent or emergency appointments. Patients confirmed they had good access to routine and urgent appointments.

Staff told us that if appointments were running late they would keep patients informed to make sure they were able to wait. The practice supported patients to attend their forthcoming appointment by having a text reminder system in place. One of the principal dentists and a dental nurse supported a number of patients who were unable to attend the practice by offering home or school visits for a check-up and to provide oral health advice.

Tackling inequity and promoting equality

The practice had an equality and diversity guidance in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. There were disabled toilet facilities on the ground floor, a wheelchair access ramp into the building area and large downstairs treatment rooms suitable for wheelchairs and pushchairs. The practice provided staff with information about how to arrange an interpreter if required.

Dental care records included alerts about assistance patients required in order to ensure they were fully supported during their appointment.

Access to the service

The practice's opening hours were Monday to Friday from 9.00am until 6.00pm. CQC comment cards reflected patients felt they were able to contact the service easily and had choice about when to come for their treatment. The practice displayed its opening hours in their premises and in practice information leaflets.

There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

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 principal dentists to ensure responses were made.

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 ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and reception area. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint. The practice had received three complaints in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team.

Are services well-led?

Our findings

Governance arrangements

The two principal dentists had day to day responsibility for running the practice and they had systems in place to monitor the quality of the service. They took lead roles relating to the individual aspects of governance such as handling complaints, equipment maintenance, health and safety, safeguarding, risk management and audits. This supported the practice to identify and manage risks and helped ensure information was shared with all team members. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example for use of equipment in the dental practice, fire and infection control. The practice had arranged two training days in the next two months to review all their health and safety and risk management processes.

There was a range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about quality assurance, incident reporting, data protection and confidentiality. However there was no clear process in place to ensure all policies and procedures were reviewed as required and the review date recorded to support the quality assurance process. The principal dentists confirmed they were addressing this in January 2016 by introducing a quality assurance schedule and giving staff dedicated time to monitor and update practice documentation.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us that there was an open culture within the practice which encouraged candour and honesty. There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. Patients were informed when they were affected by something that went wrong, given an apology and told about any actions taken as a result.

There were arrangements for sharing information across the dental team, including updating staff via staff noticeboards and through informal meetings as required. Formal time was allocated for the team to complete training together, for example for emergency resuscitation and basic life support.

Regular staff meetings had not taken place in 2015 due to staff changes and vacancies. The principal dentists told us they planned to hold team meetings again now that the practice team was complete.

Learning and improvement

Staff told us they were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) However there was no formal process in place to identify the training, learning and development needs of individual staff members or for the on-going assessment and supervision of staff. The principal dentists told us they were considering introducing a formal appraisal system in the next 12 months to further support staff learning and improvement.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. Where areas for improvement had been identified, the required action had been taken. There was evidence of repeat audits to monitor that improvements had been maintained.

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 acting upon comments received through the NHS Friends and Family test. This is a national programme to allow patients to provide feedback on the services provided.

The practice shared the comments and suggestions received with their patients and described the changes they had made in response. For example by providing music in the waiting area and refurbishing areas of the premises.