

TSJ Smile Limited

Darton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 November 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

Darton Dental Practice is situated in the Darton area of Barnsley. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatments and routine restorative dental care. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has two surgeries, a decontamination room, two waiting areas and a reception area.

There is one dentist, a dental therapist, one dental nurse, two receptionists and a practice administrator.

The opening hours are Monday to Thursday 8-50am to 6-00pm and Friday 8-50am to 2-00pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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

Summary of findings

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.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- 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:

- Aim to record in the COSHH folder when it has been reviewed.
- Aim to record on the Legionella risk assessment when it has been reviewed.

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).

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

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 used markers on patient's care records to identify if they had a specific need such as a particular medical condition which may affect treatment.

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 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 feedback from nine patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given.

We observed the reception staff to be welcoming and caring towards the patients and it was obvious that this was central to the practice's ethos.

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Summary of findings

Are services responsive to people's needs?

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

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

The practice had made reasonable adjustments to enable patients with disabilities to access the premises.

The practice had emergency appointment slots available each day. 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 administrator 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 were currently undertaking the NHS Family and Friends Test (FFT).

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

Darton 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.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

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

During the inspection we reviewed feedback from nine patients, spoke with the dentist, the dental nurse, two

receptionists and the practice administrator. 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. There had not been any incidents or accidents in the last year; however staff were familiar with the processes which should be followed following an incident or accident. Patients would be given an apology and informed of any action taken as a result if they were involved. The practice administrator 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. Staff were knowledgeable about the different kinds of abuse and how to recognise these. The dentist was the safeguarding lead in the practice and all staff had undertaken safeguarding training to level two 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 told us they were confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and not re-sheathing a needle unless a rubber needle guard was used. A sharps injury audit had been conducted by the registered provider in May 2014. This covered all five of the locations which the registered provider was responsible for. The learning from this audit had been disseminated to the practice and was discussed at a staff meeting.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

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

Medical emergencies

The practice had procedures in place 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 and had received annual training in emergency resuscitation and basic life support as a team within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the ground floor surgery. Staff knew where the emergency kits were kept. 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 weekly checks were carried out on the AED and emergency medicines and the oxygen cylinder was checked on a daily basis. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date.

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.

Are services safe?

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. The health and safety risk assessment was reviewed on an annual basis. Where issues had been identified remedial action had been taken in a timely manner.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, safe use of equipment, fire evacuation procedures and risks associated with Hepatitis B.

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. However, we noted that there was no evidence that the COSHH folder was reviewed regularly. We were told that it was done but not signed to document that it had been reviewed. We were told that the COSHH folder would be signed from now on to prove that it had been reviewed on an annual basis.

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 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis 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 told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice administrator and dental nurse conducted a surgery cleaning audit of the practice every three months. This helped them identify areas where cleaning could be improved. These audits showed that the practice was performing well with regards to cleanliness.

Decontamination procedures were carried out in a dedicated decontamination room 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 room which minimised the risk of the spread of infection.

The dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

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.

Are services safe?

The practice had carried out the self- assessment audit in August 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). 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 July 2011 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). As a result of the risk assessment they 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, annual water tests and the use of a water conditioning agent in the dental unit waterlines. The practice's legionella policy was up to date and stated that the risk assessment is reviewed every two years. We were told that these reviews had taken place; however, they had not been documented. This was brought to the attention of the practice administrator who told us that these reviews would be documented from now on.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the ultrasonic bath, the autoclave and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the

compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). They also completed annual visual inspection of electrical appliances to ensure they are safe to use.

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to patients to keep a track of their safe use. Prescription pads were kept locked in a cabinet at night to ensure they were secure.

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.

X-ray audits were carried out on a monthly basis. This involved assessing the quality of the X-rays which had been taken. These showed that X-rays which had been taken were generally of an acceptable quality and within the National Radiological Protection Board guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper 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.

During the course of our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. 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. Markers were used to flag up any medical conditions which may affect dental treatment including the patient being on blood thinning medication.

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 and a detailed report was recorded in the patient's care 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 dentist applied fluoride varnish to all children who attended for an examination.

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. There was also information about maintain a healthy mouth on the practice website.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked. Staff told us that patients were referred to a local smoking cessation group for extra assistance. There were health promotion leaflets available in the waiting room and surgery to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures and the decontamination procedures. We saw evidence of completed induction checklists.

Staff told us they had good access to ongoing 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). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The dental nurse was supervised by the dentist and supported on a day to day basis by the practice administrator. Staff told us the practice administrator was readily available to speak to at all times for support and advice. Staff told us they have annual appraisals where training and CPD were discussed.

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 in line with current NICE guidelines.

Are services effective?

(for example, treatment is effective)

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Upon receiving a response letter this was viewed by the referring clinician and any relevant details were added to the patient's electronic records. The letter was also stored in the patient's paper record card.

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 had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. The dentist recorded in the dental care records whether the patient had the capacity to consent for treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We saw in dental care records that 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive 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 witnessed interactions between patients and staff to be kind, friendly and caring. The receptionists told us that they felt that this caring approach helped nervous patients relax before any dental treatment. Staff told us that if they were aware of a patient who was ill they would send a "Get well soon" card. The receptionists would also call a patient the day after a difficult extraction to check on the wellbeing of the patient.

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

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

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients 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.

Staff told us how they would use models to assist in describing different treatment options available to patients. We saw a selection of dentures, crowns and bridges which were used to assist patients in understanding different treatments.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

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.

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. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included disabled parking adjacent to the practice and a ramp to access the premises. The ground floor surgery was large enough to accommodate a wheelchair or a pram. However, there was no ground floor toilet facilities. This was due to space restrictions on the ground floor. New patients to the practice were made aware of this prior to booking an appointment. It was also displayed on the NHS choices website that there was no disabled toilet facilities. If this was ever an issue for patients then they were signposted to a local sister practice which has fully accessible for patients with disabilities.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Thursday 8-50am to 6-00pm and Friday 8-50am to 2-00pm.

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

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The dentist had an allocated slot each day for emergency appointments. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine 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. One of the receptionists was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the receptionist to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then they were given a copy of the practice's code of practice which included details of other organisations to contact to deal with the complaint. The practice had not received any complaints in the last 12 months.

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. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice is a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice administrator was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

There was a range of policies and procedures in use at the practice. The practice held quarterly staff meetings involving all staff where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

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

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.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. The plan for the upcoming staff meeting was displayed in the staff room for staff to add issues to be discussed at the next staff. These would be 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. Staff were aware of whom to raise

any issue with and told us that the practice administrator 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's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records, X-rays and infection control. The most recent clinical record audit was completed in June 2015 and showed the dentist was performing well. A review date for the audit had been set to check that the dentist continued to perform well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice held quarterly staff meeting where ways to make the practice more effective were discussed and learning was disseminated. All staff received annual appraisals at which performance, learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys. The patient satisfaction survey covered areas such as cleanliness and comfort, appointment booking time and the overall confidence in the dental team. The most recent patient survey highlighted an issue with the amount of time patients were waiting before an appointment. As a result of this the practice had informed the receptionists to inform patients if the dentist was running behind time and offer to re-schedule the appointment if the patient wished. The practice was also undertaking the NHS family and friends test.