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# Blue Sky Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 12 January 2017 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**

Blue Sky dental service is located on the outskirts of Darwen and provides an NHS and private dental service to people of all ages. The premises is a three story terraced house on a busy road. Car parking is available on

the road outside the practice and on nearby streets. A ramp to the front door provides access for wheelchairs. There are three surgeries; two on ground floor and one on the first floor. Access to one of the ground floor surgeries has been modified for wheelchair access. Both ground floor surgeries have radiography facilities. The practice has a fully equipped decontamination room.

Three dentists, a dental hygienist/therapist and five dental nurses work at the practice. The practice is open Monday from 9.00am to 7.30pm and Tuesday to Friday from 8.00am to 5.45pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like practice owners, 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 reviewed 24 CQC comment cards on the day of our visit and spoke with three patients during the inspection. Patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful, and friendly, and said they were treated in a clean and tidy environment.

#### **Our key findings were:**

- The practice had effective governance and quality assurance processes in place.
- The practice was well organised, visibly clean and free from clutter.

# Summary of findings

- An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
- The practice had systems for recording incidents and accidents.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council (UK).
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and sensitive manner.
- The practice was actively involved in promoting oral health.
- Recruitment checks had not been completed for all staff.
- Not all products that could be hazardous to health had been risk assessed and stored securely.

- Water temperature checks on taps were not being carried out as frequently as they should.
- Routine checks of fire equipment and systems to minimise the risk of fire were not in place.

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

- Review the current Legionella risk assessment, including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05:
- Review the practice's waste handling policy and procedure to ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review responsibilities regarding to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date, and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.
- Review the arrangements for fire safety to ensure regular checks of fire safety systems take place.

# 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.

A process was in place to effectively manage any accidents and incidents that occurred at the practice.

Infection prevention and control procedures followed recommended national guidance.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff with were knowledgeable about safeguarding systems for adults and children.

Employment references had not been sought for all of the staff working at the practice.

Not all products that could be hazardous to health had been risk assessed and stored securely.

Water temperatures checks and routine fire safety checks were not taking place as frequently as they should.

Arrangements for the disposal and removal of waste were in place but not all waste was segregated appropriately in accordance with national guidance.

No action



### Are services effective?

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

Dentists referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuous professional development (CPD).

No action



### Are services caring?

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

Patients we spoke with were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 24 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

No action



# Summary of findings

Dental care records were kept securely on computer systems which were password protected.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

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

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Staff had access to telephone interpreter services if required. The practice had been adapted to support people with needs associated with mobility. These included a ramp at the front door, lowered reception area and an adapted toilet.

**No action** ✓

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

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

The practice owner was responsible for the day-to-day running of the service. The practice had an effective approach to governance and quality assurance. The outcome of audit and analysis of incidents was used to make improvements to the service.

An audit programme was in place, including infection prevention and control and X-rays.

Staff were clear about their roles and responsibilities.

Staff said there was an open culture at the practice and they felt confident raising any concerns, particularly at the monthly practice meetings.

The practice had arrangements in place for seeking feedback from patients about the service. There was evidence that the practice had improved based on feedback from patients.

**No action** ✓

# Blue Sky 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 practice owner was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 12 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the owner of the practice and two dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection. We also had a look around the building.

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

A patient safety policy was in place and was supported by processes to report accidents and incidents, including significant events. Staff advised us that no significant events or incidents had occurred at the practice in over two years. We noted that a patient had an accident in August 2014 that required medical intervention. This was managed appropriately, including a thorough investigation. Staff described the lessons learnt and showed us the environmental measures that had been put in place to minimise a reoccurrence.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR).

The practice owner received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). If the alert was relevant to the operation of the practice then it was shared with the staff team. We noted that alerts were stored in the staff meetings file and staff had signed the alert to indicate they had read it. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

The practice owner and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this was in accordance with the Duty of Candour principle which states the same.

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice owner advised us that the dentists had tried a safe sharps system but did not like it. The dentists re-sheathed the needles (put the covers back on needles) and this practice was supported by a regularly reviewed policy and sharps risk assessment.

A flowchart was in place for staff to follow in the event of a sharps injury that included occupational health contact details. The Local Dental Committee (LDC) sharps injury

protocol was available at the practice for staff to access. The LDC represents dentists in a defined geographical area and provides guidance for dentists who have a contract to provide NHS dental services.

The practice owner told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. We confirmed this when we looked at dental records. 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

A child and vulnerable adult safeguarding policy and procedure was in place, including a designated lead for safeguarding. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available for should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

### Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received basic life support training from an external company in July 2016, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

# Are services safe?

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 located.

Emergency equipment and medicines checks were undertaken to ensure equipment was available and did not require replacing. We saw that the practice kept records that indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were regularly checked. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date. A mercury spillage kit was in place in the event that staff should need to use it. Records we looked at confirmed that all staff received medical emergency training in July 2016.

## Staff recruitment

We reviewed the recruitment files for six members of staff to check that they had been recruited appropriately. The files contained proof of identity, qualifications, confirmation of GDC registration and the immunisation status. References from previous employment were not in place for most of the staff and the practice owner explained that they knew these staff as they had worked with them previously. A Disclosure and Barring Service (DBS) check had been undertaken for all staff except for one of the staff. Although they had provided a DBS check when they first were employed at the practice, it was not in accordance with CQC's guidance on DBS checks. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. Shortly after the inspection the practice owner advised us that references had been requested for the staff that did not have them and that an application for a new DBS check had been submitted for one member of staff.

The practice owner advised us that when the practice was short of staff they used 'bank' staff. We looked at the recruitment records for the 'bank' staff and they lacked sufficient evidence of employment checks. Both 'bank' staff were in relevant substantive posts locally and we discussed with the practice owner the option of confirming with the substantive employer whether relevant recruitment checks had been undertaken.

## Monitoring health & safety and responding to risks

We reviewed various risk assessments relevant to the practice. A risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm. Assessments were in relation to risks associated with the environment, display screen equipment, transportation of instruments for decontamination, sharps and security of the prescription pad.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure information is available on the risks from hazardous substances in a dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date and they told us that when a new product was ordered then a risk assessment was completed. We looked at the COSHH file and noted both risk assessments and data sheets were in place for dental products. Not all the environmental cleaning products were included in the COSHH file and the lead for COSHH said they would address this without delay. We observed that cleaning products were not stored securely and were accessible in the toilets that patients could access.

A fire risk assessment was carried out by an external company in 2011. An inspection of the firefighting equipment was undertaken in July 2016. Routine checks were not carried to ensure fire systems were working correctly, such as the fire alarm, emergency lighting and smoke detectors. Staff told us that fire drills to ensure they were familiar with the process of evacuation were not undertaken. We discussed this with the practice owner at the time of the inspection who said they would start these checks immediately.

## Infection control

One of the nurses was the lead for infection prevention and control (IPC), including decontamination. The nurse showed us how instruments were decontaminated in the dedicated decontamination room. They outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05):

# Are services safe?

Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were exceptionally clean. Drawers and cupboards were well organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by the practice owner but it lacked detail and did not include a written waterline management scheme. We discussed with the practice owner the importance of having a comprehensive Legionella risk assessment, taking into account whether an external specialist company would be better positioned to undertake this specialist assessment. The temperature of the all water outlets to ensure they were within safe temperature parameters was being undertaken on an annual basis rather than on a monthly basis as recommended.

A contract was in place for the removal and disposal of clinical waste. Waste consignment notices were available for the inspection. The practice owner advised us that gypsum (main constituent of various forms of plaster) was disposed of in the clinical waste. This was not in accordance with Health Technical Memorandum 07-01: Safe management of healthcare waste. We highlighted this to the practice owner at the time of the inspection who told us a separate contract would be put in place for the disposal of gypsum.

The practice employed a member of staff to carry out routine cleaning of the premises. We observed the building was clean, tidy and clutter-free. Cleaning checklists were in place to confirm areas of the premises had been cleaned. Environmental cleaning equipment was labelled to identify

the area it should be used in. We noted that the floor equipment was not stored correctly in accordance with national guidance and we highlighted this to staff at the time of our inspection.

Regular IPC audits had been undertaken. We looked at the most recent audit, which was an Infection Prevention Society (IPS) audit. It had been downloaded and completed by the IPC lead. We highlighted to the practice owner that undertaking the audit on-line would automatically generate a compliance score and action plan. The practice owner said they would complete it on-line going forward.

## **Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclave and the compressor. Portable electrical appliances were tested in July 2016 to ensure they were safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Prescription pads were kept securely.

## **Radiography (X-rays)**

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and Health and Safety Executive notification. Maintenance certificates were contained in the file. Local rules were located next to the equipment.

We saw that the dentists were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. A radiological audit had been completed for all dentists in November 2016 and was in accordance with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dentists were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and very detailed. A comprehensive medical history form was completed with patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

### Staffing

An induction process was in place to inform any new staff about the way the practice operated. We saw an example of a completed induction form for the most recently recruited member of staff.

We looked at staff's continuous professional development (CPD) to determine the training they had undertaken. We established that all staff had completed training in basic life support and safeguarding. Staff training was linked to the five year CPD cycle, which individual staff were responsible for keeping up-to-date. We noted some gaps in training, notably IPC, mental capacity and information governance. Staff advised us that this was because each member of staff was at a different stage of the CPD cycle.

Staff had received an appraisal within the last two years and this was confirmed in the personnel files we looked at. Staff confirmed that CPD and training needs were discussed at appraisal. The practice owner said they were aiming to ensure appraisals were completed annually.

### Working with other services

The practice owner confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

### Consent to care and treatment

We spoke with the practice owner about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The practice owner explained how individual treatment options, risks, benefits and costs were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

The practice owner was clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick

# Are services effective?

(for example, treatment is effective)

competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16

years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

We spoke with three patients during the inspection and they were complimentary about the practice, including the care and facilities at the practice. We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 24 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained the privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patient's confidential information could not be viewed by others. We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

The practice owner continued to provide dental care to patients who had moved into care homes by visiting them at the care home, which demonstrated a commitment to patients.

Dental care records were stored electronically and computers were password protected to ensure secure access. Staff were confident in data protection and confidentiality principles.

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

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. Information showing NHS and private treatment costs were available in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We noted that information was available for patients in the reception area, including the practice opening hours, emergency out-of-hours contact details, the complaint procedure and treatment costs.

The practice owner confirmed that patients needing an urgent appointment were always seen on the day they contacted the practice even if this meant that they had to wait.

### Tackling inequity and promoting equality

The practice owner had made adjustments to the premises to prevent inequity to any patient group. A disability access audit had been completed for the premises. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. Adjustments had been made to the premises to accommodate patients with mobility needs. For example, ramp access was available at the front of the building, a lowered area at the reception desk and a widened door into a ground floor surgery to aid wheelchair access. Staff had access to a translation service where required.

### Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. The opening hours differed across all these information sources. We highlighted this to the practice owner who said they were due to produce a new leaflet and would ensure the opening hours were consistent in all patient information sources. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

A member of staff was the lead for handling complaints. A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting areas.

The practice received one complaint in the last 12 months. We saw the records and spoke with the practice owner, and concluded that the complaint had been effectively and sensitively managed with a positive outcome.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice owner was responsible for the day-to-day running of the practice. Staff told us the practice was very well organised and managed. They said they were clear about their role, responsibilities and accountability. The practice owner was a member of the British Dental Association (BDA) expert scheme and told us they were working towards the gold standard.

The practice owner took a proactive approach to governance and quality assurance. They were keen to identify ways in which to improve the quality of the service and ensure high standards of care delivery. Governance arrangements included a framework of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

Policies were comprehensive and were regularly reviewed to reflect changing national guidance. Staff had signed to indicate they had read and understood each policy. Risk management processes were in place to ensure the safety of patients and staff members and they were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, sharps injuries and the use of display screen equipment.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

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

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From discussions with staff it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional and timely manner.

We were told there was a no blame culture at the practice. Staff said the practice owner was approachable and would listen to their concerns and act appropriately. Staff told us regular practice meetings were held involving all staff members. Not all of these meetings were recorded and the practice owner said they would make a record of the meetings going forward.

### **Learning and improvement**

A programme of audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included radiography, infection prevention and control and health and safety. The audits we saw were detailed with results and further action was indicated.

The practice had a system in place whereby staff with recognised key knowledge and experience in a certain subject areas, such as IPC assessed the competency of other staff in the subject. All staff were involved in this competency based approach to learning.

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

A suggestion box was located in the waiting area for patients to submit their views about the practice. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Staff told us that all patients could participate in the FFT, including private patients. We asked if any improvements had been made based on feedback and staff told us it had been suggested that the carpet in the reception needed replacing. The practice owner acknowledged this feedback was reasonable and advised us that replacing the carpet had been included in the refurbishment plan.

Staff told us about a specific survey title 'Smile analysis' that had taken place over a six month period. The aim was for the practice to gain insight into how patients felt about their teeth and appearance so that the practice could assure itself that they were providing the appropriate treatments to meet patient's needs.