

Cantley Dental Centre Limited

Cantley Dental Centre

Inspection Report

2A Green Boulevard
Doncaster
South Yorkshire
DN4 6EX
Tel: 01302 539366
Website:

Date of inspection visit: 23 February 2016
Date of publication: 17/03/2016

Overall summary

We carried out an announced comprehensive inspection on 23 February 2016 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

Cantley Dental Centre is situated in Doncaster, South Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has three surgeries, a decontamination room, one waiting area and a reception area. All facilities are on the ground floor and there is a ramp to access the building.

There are four dentists, five dental nurses (including a trainee) and two receptionists.

The opening hours are Monday from 9-00am to 7-00pm and Tuesday to Friday from 9-00am to 5-30pm.

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.

During the inspection we spoke with three patients who used the service and reviewed six completed CQC comment cards. The patients were positive about the care and treatment they received at the practice.

Summary of findings

Comments included that the staff were caring and helpful. They also commented that the practice was clean and comfortable and that they were involved in decisions about treatment.

Our key findings were:

- The practice was clean and hygienic.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- 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 areas where the provider could make improvements and should:

- Review the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocol for the regular checking of the oxygen cylinder and the automated external defibrillator.
- Review the current legionella risk assessment and implement the required actions 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: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's process for the dating of sterile instruments.
- Review the practice's protocols for undertaking the protein residue test on the ultrasonic bath and the washer disinfectant.
- Review the practice's audit protocols of dental care records to help improve the quality of service.

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 significant events.

Staff had received training in safeguarding at the appropriate level 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.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Are services effective?

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). 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 encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing their professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we spoke with three patients who used the service and reviewed six completed CQC comment cards. Patients commented that staff were caring and helpful. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

We observed the staff to be welcoming and caring towards the patients.

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.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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

The practice was accessible for patients with a disability or limited mobility to access dental treatment. However, there was no accessible toilet facilities but this was made clear in the practice information leaflet and on NHS choices.

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 owner was responsible for the day to day running of the practice and was well supported by the lead dental nurse.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, a dental care record audit had not been completed.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

Cantley Dental Centre

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 was supported by a specialist dental adviser.

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

During the inspection we spoke with three patients who used the service and reviewed six completed CQC

comment cards. We also spoke with three dentists, two dental nurses and one receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We reviewed the incidents which had occurred in the last year and these had been documented, investigated and reflected upon by the dental practice. Any accidents or incidents would be reported to the practice owner. Any incidents would be discussed at staff meetings in order to disseminate learning.

We saw that there had been a needle stick injury involving a trainee dental nurse whilst removing a needle from a dental syringe. We discussed this with the practice owner and as a result of this being highlighted it was decided that the sharps risk assessment needs to be reviewed. This involved ensuring that only the dentist is responsible for dealing with any sharps in the surgery.

The practice owner received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. We discussed an occasion where a patient was referred to the local safeguarding team and this had been done in line with the practice's policy. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

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 not in root canal treatment in line with guidance from the British Endodontic Society. The

dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used. However this was not documented in dental care records.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse. Any paper documented relating to dental care records were securely stored in locked cabinets.

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 completed training in emergency resuscitation and basic life support. Staff described to us a recent medical emergency which had occurred and this had been dealt with well.

The emergency resuscitation kits, oxygen and emergency medicines were stored in one of the surgeries. 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). The AED was stored on the reception desk.

The practice had a process for the checking of emergency medicines which was effective. However, they were only checking the oxygen cylinder and AED every three months. This should be done on a weekly basis. This was brought to the attention of the practice owner and we were told that this would now be done every week.

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 recruitment files and found the recruitment procedure had been followed. We were told that they 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

Are services safe?

from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All qualified clinical staff at this practice were qualified and 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. The practice used an external risk assessment company to undertake an annual risk assessment of the premises. This risk assessment covered issues relating to fire, manual handling and slips, trips and falls. Where risks had been identified, control measures had been put in place to reduce them.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. Every year the practice would collate a list of all substances and materials in use within the practice and send them off to an external risk assessment company. This company would compile a detailed risk assessment of each substance or material and state how to manage hazardous substances. These had been implemented a provided specific guidelines for staff, for example in its blood or mercury spillage procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, 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)'. One of the dental nurses was the lead for infection control.

Staff had received detailed 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 room 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 by the contract cleaners and dental nurses. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene were displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in 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.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice manually cleaned used instruments and then placed them in an ultrasonic bath and then a washer disinfectant. Instruments were then examined visually with an illuminated magnifying glass, and then sterilised them in a validated 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.

We noted that the pouches which sterile instruments were kept in were not dated. HTM 01-05 states that bagged instruments should have a sterilisation date recorded. Any instruments which are bagged for more than one year should be re-sterilised. We were told that there was a very high turnover of instruments within the practice and that none were left for more than a year. We were told that a process for dating sterilisation bags or re-sterilising all equipment on an annual basis would be implemented.

The practice had systems in place for daily, weekly and quarterly quality testing the decontamination equipment

Are services safe?

and we saw records which confirmed these had taken place. However, we noted that the practice did not undertake the protein residue test on the ultrasonic bath or the washer disinfecter. This was brought to the attention of the infection control lead and we were told that these tests would be completed.

The practice had been carrying out the Infection Prevention Society (IPS) self- assessment audit every six months. This audit relates to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. Results of this audit were discussed at staff meetings in order to disseminate any learning.

Records showed a risk assessment process for Legionella had been carried out in July 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, the use of a water conditioning agent and also quarterly tests on the on the water quality to ensure that Legionella was not developing. The risk assessment stated that water temperatures should be taken when the weather was hot. However, we were told that these were not done. We were told by the infection control lead and the practice owner that these would be done in line with the risk assessments guidance.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray set, the autoclaves and the

compressor. We saw evidence of validation of the autoclave, the washer disinfecter and the compressor. Portable appliance testing (PAT) had been completed in January 2015 (PAT confirms that portable electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away when not needed 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. The practice had recently had a new X-ray machine installed as the old one had become faulty. 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 within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

An X-ray audit had been carried in February 2016. This assessed the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). However, we noted that this audit had been undertaken sporadically previously. We discussed the need to undertake the audit on an annual basis and we were told that a note would be put on the calendar in the staff room to prompt them to undertake the X-ray audit.

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.

During the course of our inspection we discussed patient care with the dentists 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. We also saw that the practice used transillumination to assist with the diagnosis of dental decay. Transillumination is a technique whereby a bright light is shone through a tooth and is a useful adjunct to the diagnosis of decay or a crack.

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 and entered in to their dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

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 owner had conducted an audit of the success rate of preventative treatment provided and whether the patients required any further treatment. The results of this audit showed positive results. This audit demonstrated the practices dedication to preventative dentistry.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. High fluoride toothpastes were prescribed for patients at high risk of dental decay.

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, diet advice and oral hygiene advice was given to patients where appropriate. Patients confirmed that they were given advice with regards to maintaining good oral hygiene. 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 location of emergency medicines, arrangements for fire evacuation procedures and the hand washing protocol. We saw evidence of a completed induction checklist in a recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff did not have formal appraisals; however, staff told us that they felt confident about asking for help or further training where appropriate. Staff told us that there was an open relationship with the practice owner and that they would be happy to approach them to ask to attend a course. We were told by one of the nurses that they had been sent on the dental radiography course.

Working with other services

Are services effective?

(for example, treatment is effective)

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 including orthodontics and sedation. An urgent referral including a suspected malignancy would be fast-tracked to ensure the patient received timely care and treatment.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate 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 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.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were provided with individual treatment plans which included the cost of the proposed treatment. Staff were aware that consent could be removed at any time by the patient.

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. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Dental care records were not visible to the public on the reception desk. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Paper documentation relating to dental care records were securely stored in locked 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. There were information leaflets available in the waiting room outlining different treatments which were available. There was a poster in the waiting room displaying the NHS charges associated with treatment. We were told that the cost of any private treatment would be discussed with the patient prior to undertaking the treatment.

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 the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. 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 patients with mobility difficulties. These included a ramp to access the premises. The surgeries were large enough to accommodate a wheelchair or a pram. The toilet was not large enough to accommodate a wheelchair. However, this was made clear in the practice information leaflet and that this issue would be made clear to any potential patients.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday from 9-00am to 7-00pm and Tuesday to Friday from 9-00am to 5-30pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in

a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the local emergency dental service. Contact details of the out of hours emergency dental service was available on the 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. There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. The practice manager was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. 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. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy.

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 seven working days and providing a formal response within six months. If the practice was unable to provide a response within six months then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice owner was in charge of the day to day running of the service and was well supported by one of the dental nurses who helped with the clinical governance. There was a range of policies and procedures in use at the practice. We saw they had some 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 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. This was evident when we looked at the complaints they had received in the last 12 months.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice had staff meetings every two months. These meetings were minuted for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. Issues covered at staff meetings included staff training needs, complaints, infection control and team work.

All staff were aware of whom to raise any issue with and told us that the practice owner 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 the success of preventative treatments, X-rays and infection control. However, we noted that the practice did not audit their dental care records. We discussed this with the practice owner and we were told that audits of dental care records would be undertaken to ensure the dentists were following FGDP guidelines with regards to record keeping.

Staff told us they had good access to training. We saw that at staff meetings staff were encouraged to book onto courses arranged by the local postgraduate deanery. If any of these courses incurred a charge then the practice owner would pay for the course. We saw that the practice were about to undertake medical emergency training as a team.

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. The practice used the NHS Friends and Family Test (FFT) as a template for their own feedback form. The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.

We were told that as a result of feedback from patients the magazines were now changed to ensure that there was sufficient and up to date reading material for patients.