

Malpas House Dental Surgeons

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Inspection Report

Malpas House
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Overall summary

We carried out an announced comprehensive inspection on 8 June 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

Malpas House Dental Surgery is located in Northallerton, North Yorkshire close to public transport links. The practice has three treatment rooms on the ground floor and two on the first floor. A reception area, a waiting room, a decontamination room, patient toilets, the staff room and office were located on the first floor.

There are four dentists (the senior partner/principal, two a partner/associates and one associate dentist), two dental hygienists and six dental nurses.

The practice offers predominantly private treatment but also has a small NHS contract; treatments include preventative advice, periodontal treatment and routine restorative treatment.

The practice is open:

Monday - Friday 09:00 – 17:00

One Saturday each month 09:00 – 13:00.

The principal dentist is the registered manager. A registered manager is a person who is registered with the

Summary of findings

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 we received 14 CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, helpful, efficient and professional and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- The practice had a system in place for recording accidents and adverse incidents.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations. Patients received clear explanations about their proposed treatment and were actively involved in making decisions about it. They were treated in a way that they liked by staff.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of the patients and waiting times were kept to a minimum. Emergency slots were available each day for patients requiring urgent treatment.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided and used these to help them improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Staff had received training in safeguarding patients to level three. Staff were aware how to recognise the signs of abuse and who to report it to in house. The process and protocol for reporting was last reviewed in April 2016.

The practice had a COSHH folder in place with safety data sheets for each material used within the practice. All materials had a specific risk assessment in place and the practice had a specific risk assessment.

There was a decontamination room and guidance for staff to provide effective decontamination of dental instruments was in place.

Patients' medical histories were obtained verbally before any treatment took place. This provided the dentists with up to date information about any health or medication issues which could affect the planning of treatment.

We reviewed the Legionella risk assessment dated March 2016, evidence of regular water testing was being carried out in accordance with the assessment and quarterly dip slip testing was in place.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded. Any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentist was aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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

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

Are services caring?

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

Summary of findings

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Comments on the 14 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be friendly, helpful, efficient and professional and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly. If the practice was closed patients would be directed to the NHS 111 service or patients who had a private plan were directed to an out of hours contact number.

The practice had good disability access; the ground floor surgeries were large enough to accommodate a wheelchair and the toilet had hand rails and an alarm in place if anyone required assistance.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice had information about how to complain in a practice leaflet with information and information about external agency details had been incorporated. Staff recorded complaints and cascaded learning to staff.

Are services well-led?

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

Staff reported the registered provider was approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent.

There was a clearly defined management structure in place. The registered provider was responsible for the day to day running of the practice.

The practice sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

Malpas House Dental Surgeons

Detailed findings

Background to this inspection

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

The inspection was carried out on 8 June 2016 and was led by a CQC Inspector and a specialist advisor.

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

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

During the inspection we spoke with the registered provider and four dental nurses. We saw policies, procedures and other records relating to the management of the service. We reviewed 14 CQC comment cards that had been completed.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had two entries recorded in the last 12 months; evidence of events had been processed in accordance with the practice policy. The practice also recorded significant events and there was no evidence of any over the past 12 months.

The registered provider told us they had a through system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The registered provider told us when they received an alert this was shared with all the staff and action taken accordingly.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding and evidence was available to show all clinical staff were trained to level two and some to level three. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

The registered provider demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The principal dentist told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered provider.

Medical emergencies

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

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

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice had a recruitment policy in place and a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with and induction check list included. All recruitment files were kept by the practice principals.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Are services safe?

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on clinical waste management and manual handling.

The practice had a well maintained and up to date Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances, from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place. All safety data sheets and material risk assessments were in alphabetical order to ensure information could be found easily.

We noted there had been a specific fire risk assessment completed for the practice in March 2016; we saw the fire extinguishers were serviced in February 2016. Staff had discussions about the process and this was reviewed at practice meetings. The registered provider had completed training in fire management: these and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

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

There was a separate hand washing sink for staff, in addition two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the

instruments was clearly displayed on the wall to guide staff. We discussed with staff appropriate personal protective equipment when working in the decontamination area and this included disposable gloves and protective eye wear.

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

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

We saw from staff records that all staff had received infection control training in at various intervals over the past CPD cycle.

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

We saw the sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was always stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

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

The practice had a legionella risk assessment completed in March 2016 and hot and cold water temperature checks were in place and dip slide testing had been completed. The registered provider was the nominated individual

Are services safe?

responsible for the Legionella testing and they had received legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) had been undertaken in April 2016 – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The registered provider had also completed more in depth electrical safety testing of the building and evidence of this was seen.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in February 2016 to ensure they were suitable for use if required.

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

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines the practice held a selection of antibiotics. These were stored securely and logs were in place to know what stock had been used. The prescription pads were stored in the same location and there was a log in place to review what pads had been used.

Radiography (X-rays)

The X-ray equipment was located in an each surgery apart from the hygienist surgery on the ground floor. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

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

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us they undertook an annual quality audit of the X-rays taken. We saw the results of the August 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans and learning outcomes were in place to improve the procedure and reduce the risk of having to re-take X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments 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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the registered provider told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice and the registered provider had access to the guidelines for all the staff to use for guidance.

During the course of our inspection we discussed patient dental care records with the registered provider and checked dental care records to confirm the findings. We found all records were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was always recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums were always recorded.

All subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and hygienists were aware of the patients' present medical condition before offering or undertaking any treatment.

The registered provider told us they always discussed the diagnosis with their patients and, where appropriate,

offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were always recorded. We saw that patients were provided with treatment plans which were signed by the patient and then scanned into the patients' dental care records.

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, a grade of each x-ray and a detailed report was recorded in the patient's dental care record.

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

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the NHS fees for treatment.

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

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snacking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the registered provider and saw in dental care

Are services effective?

(for example, treatment is effective)

records that smoking cessation advice was given to patients who smoked. The practice also had smoking cessation service information available in the waiting room for patients to self-refer or be referred by the dentists.

Staffing

Staff told us they had access to on-going training to support their skill level and they were encouraged to maintain a variety of 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.

Staff told us they had not had an appraisal to date as the new registered provider was looking to implement this over the next few months. Staff felt they could approach the registered provider at any time to discuss continuing training and development as the need arose.

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 and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

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. The practice kept a log of the referrals which had been sent and when a response had been received.

The practice had a process for urgent referrals for suspected malignancies and worked closely with a variety of locations to ensure this suited the patient's needs.

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 were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and 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 and a treatment plan was signed by the patient. We saw in dental care records that individual treatment options, risks, benefits and costs were always discussed with each patient and they were always recorded in the records. 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 the patients was positive and they commented 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 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. We observed staff were helpful, discreet and respectful to patients. Staff said 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.

Music was played in the waiting area for patients; a selection of magazines was available and chilled water. Children books and toys were also available.

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 the dentists would provide treatment options including benefits and possible risks of each option.

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 patients who requested an urgent appointment would be seen the same day. Slots were booked out each day and if these had been filled the reception staff and dentist reviewed the day list and discussed when would be convenient for the patient to attend.

The patients commented on the CQC comment cards 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

Reasonable adjustments had been made to the premises and the practice had completed a disability access audit. There was an accessible toilet with an alarm and hand rails in place. There was step free access to the premises at the front of the building and a permanent ramp was in place.

The practice had equality and diversity policy to support staff had undertaken training to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

The practice works closely with a charity for children from Chernobyl. As part of an annual visit, up to 15 children are given any dental care they require.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday - Friday 09:00 – 17:00

One Saturday each month 09:00 – 13:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day. The patients told us when they had required an emergency appointment this had been organised 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 NHS 111 service on the telephone answering machine or to the private out of hour's number.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The registered provider was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received no complaints in the last year; we saw evidence of historical complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within three working days and providing a formal response within 14 days.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The patient dental care record audit had been undertaken following the guidance provided by the Faculty of General Dental Practice. The audit was clinician specific and had detailed action plans and learning outcomes in place.

We saw the results of the August 2015 X-ray audit where action plans and learning outcomes had been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was clinician specific and the grades had been collated ensure they were working within the required guidelines in accordance with the National Radiological Protection Board (NRPB).

The infection prevention and control audit had been completed in May 2016. A full action plan was in place to address any areas of improvement, this included two of the surgery floors needed upgrading and the registered provider was looking to replace the flooring in the surgeries once refurbishment of the practice had commenced.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the registered provider was approachable, would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

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

The registered provider would address with any issues regarding complaints or concerns from patients about any treatment received.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw staff had personal files and these showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated time was set aside to complete sufficient training in order to undertake their roles or given the opportunity for additional training. The registered provider was also looking to implement an in house training system to ensure all staff received core CPD training annually.

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

The registered provider explained the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We saw the practice held six weekly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. The registered provider told us if anyone was not at the meeting they would share the minutes with all staff and place a copy in their pigeon holes.