

Mr. John Muirhead

# Muirhead Dental Practice

## Inspection Report

Muirhead Dental Practice  
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### Overall summary

We carried out an announced comprehensive inspection on 30 August 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**

The practice provides private treatment to adult patients and NHS treatment to children in the Skipton area and beyond.

The dental practice has three treatment rooms on the ground and first floor. There are two waiting areas, a reception area, decontamination room, and kitchen and staff room /office area. There are accessible toilet facilities on the ground floor of the premises and off street parking adjacent to the practice.

The practice has four dentists, a dental hygienist, dental therapist, four dental nurses and two receptionists.

The practice is open Monday 8:30am to 5pm, Tuesday and Wednesday 8:30am-6pm, Thursday 8:30am to 5pm, Friday 8:30am to 4:00pm and occasional Saturday mornings.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 50 patients which all gave positive comments about the care and treatment received at the practice. The patients who provided feedback were very positive about the care and

# Summary of findings

attention to treatment they received at the practice. They told us they could access emergency care easily and staff were sensitive to their needs and were particularly good if they were nervous or anxious about treatment.

## **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 were qualified and had received training appropriate to their roles.
- Treatment was provided in line with current best practice guidelines including the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

# 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 in place to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

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. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR). Additional CPR scenario training sessions were held throughout the year.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

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

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, washer disinfectant, fire extinguishers, the air compressor and oxygen.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by staff.

There was evidence to demonstrate that staff had attended training in safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records included information about their current dental needs and past treatment. The dental care records confirmed, treatment, X-rays including grading and justification. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

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.

No action



# Summary of findings

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 professional development (CPD).

## Are services caring?

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

We received feedback from 50 CQC comment cards and spoke with five patients on the day about the care and treatment they received at the practice. Patients were positive about the care they received from the practice. They commented that staff had made them feel at ease and particularly nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

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.

No action



## Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There was enough capacity to accommodate urgent or emergency appointments each day.

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 had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment.

No action



## 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 told us they were supported

There were good arrangements in place to share information with staff by means of daily discussions and regular practice meetings, which were minuted for those staff unable to attend.

There was a range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Key staff held the lead roles for areas such as, infection prevention and control; safeguarding, complaints and they supported the staff to identify and manage risks and helped ensure information was shared with all team members.

No action



# Summary of findings

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

# Muirhead Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection took place on the 30 August 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, including the registered provider/ dentist. We toured the practice and reviewed emergency medicines and equipment.

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 guidance in place and staff were familiar with the process for accident and incident reporting. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings.

The practice manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

We saw the practice had an accident book which had entries logged appropriately and processed in accordance with the practice policy.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

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

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in the Skipton area. The staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in safeguarding patients.

The practice followed national guidelines on patient safety. For example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually

latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

### Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had an emergency bag based on the ground floor, which had emergency drugs and equipment needed to meet the needs of each potential emergency. These were checked weekly. We noted however that the syringes were out of date. The practice manager made arrangements to replace these with immediate effect.

The practice had a defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

We saw records of checks for emergency equipment and emergency medicines were in place.

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff were trained in first aid and a first aid box was accessible in the practice.

### Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all clinicians. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the recruitment files of two new members of staff and found they contained appropriate

# Are services safe?

documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw clinical staff were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all other employees working in the practice.

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

## **Monitoring health & safety and responding to risks**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also held control of substances hazardous to health (COSHH) information. 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.

## **Infection control**

The practice had a decontamination room. The room 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.

The practice followed the guidance about decontamination and infection prevention and control and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. These included hand hygiene, manual cleaning, managing waste

products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection prevention control audit, which had risk, assessed the dental practice and highlighted action to be taken if required. The practice completed six monthly audits. We noted that action plans had been completed.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

The practice had a deep cleaning check list for each room which was complete. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. The practice employed a cleaner who cleaned all public of the building.

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of protective equipment for patients and staff members.

The decontamination room had an ultrasonic cleaner and autoclave (equipment that cleans and sterilises dental instruments and devices). We saw robust systems in place for quality testing the decontamination equipment, which they completed once a day.

In accordance with HTM 01-05 guidance an instrument transportation system with sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection. We confirmed there were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Staff showed us the decontamination process and were able to demonstrate of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We discussed procedures involved in cleaning, rinsing, inspecting, sterilising, packaging and storing of clean instruments with staff. We looked at a sample of

# Are services safe?

instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages. We noted however that water temperatures were not monitored during scrubbing. The practice manager told us that a thermometer would be put in place to accurately check the temperatures in future.

We looked at a sample of instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a “safer sharps” policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items were single use only.

The practice had completed a Legionella risk assessment and sought external advice regarding the premises. The practice met the Legionella safety guidelines and completed water testing. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

## Equipment and medicines

We saw the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as autoclave (a device for sterilising dental and medical instruments), compressor and X-ray equipment.

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. Fire alarms were tested and staff told us they regularly undertook fire drills.

We saw that the practice NHS prescription pads were not held in a secure area and a record of the prescription pads was not retained by the practice, to provide a clear audit trail. The practice manager informed us that this would be put into place with immediate effect.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

## Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in the Dentist treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were electronically stored within the patient's dental care record.

The critical examination of the x-ray machines had just expired and the practice were waiting for an engineer to attend and this had been booked. ( A Critical Examination checks that the output of an x-ray machine lie within the manufacturers limits)

We saw staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

# 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 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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay, gum disease or oral cancer. This was documented and also discussed with the patient.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the FGDP.

We looked at dental care records. We found they were in accordance with the guidance provided by the FGDP. Records we reviewed showed evidence of consultations with patients and records of soft tissue examinations, diagnosis and a basic periodontal examination (BPE) (a screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). We saw patients were asked to complete a full medical history when they joined the practice. When we spoke with patients they confirmed they were asked during their visit for any changes to medical history or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked and updated.

We saw regular patient record audits were undertaken by the practice manager and any necessary actions dealt with.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

We received feedback from patients during the visit and via CQC comment cards; we also considered the NHS family

and friends survey results and reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist. The dentist told us 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 tooth brushing and prescribed high fluoride toothpastes to help reduce the decay process. We confirmed in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate.

The waiting area contained a variety of health promotion leaflets and posters that explained effective dental hygiene and how to reduce the risk of poor dental health. The medical history form patients completed included questions about smoking and alcohol consumption.

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

### Staffing

New staff had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation and infection prevention and control.

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process.

## **Consent to care and treatment**

Patients told us they were given appropriate information to support them to make decisions about the treatment they received. Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. The dentist 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.

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained. We saw individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

The practice had a consent policy in place however staff were not familiar with their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice manager confirmed that training would be put in place in this area for staff.

# Are services caring?

## Our findings

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

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how caring and staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically. Computers were password protected and regularly backed up to secure storage, with paper records stored in lockable storage cabinets.

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen.

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

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. 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.

The practice displayed costs of treatments in their information leaflets available in the waiting area and on their web site. Costs were also explained to individuals as part of their ongoing dental care plan.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received. They confirmed that they were made aware of all charges prior to their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen the same day. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

Patients we spoke with and the CQC comment cards confirmed that patients were not rushed during their consultation and were made to feel at ease. 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 an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff had completed equality and diversity training.

Reasonable adjustments had been made to the premises including hand rails, ramps and disabled toilet. Treatment areas were accessible and provided in a ground floor treatment room. Level access was available throughout the building.

The staff told us they did not have any patients whose first language was not English, however were not aware of any interpreter service should the need arise. The practice manager confirmed that they would seek access to a telephone interpretation service.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

### Access to the service

The practice opening hours are in the practice information leaflet and on the practice website.

The practice is open Monday 8:30am to 5pm, Tuesday and Wednesday 8:30am-6pm, Thursday 8:30am to 5pm, Friday 8:30am to 4:00pm and occasional Saturday mornings.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending text and email message reminders. The practice also rang patients to give a further prompt where required.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. When the practice was closed patients who required emergency dental care were signposted to an emergency dentist (private patients) or to the NHS 111 (NHS patients). Details for patients of what to do if they have a dental emergency outside normal opening hours was also available in the practice information leaflet, web site and on the front door of the practice.

### Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. The surgery had received two complaints in the last 12 months. We confirmed that the practice had responded in line with their complaints policy.

# 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 practice manager was in charge of the day to day running of the service.

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 exposure to hazardous substances and medical emergencies.

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

We saw that the practice had monthly practice meetings with all staff. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies.

### **Learning and improvement**

The practice had supported staff to access some learning and improvement opportunities. Staff received regular appraisals and were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

Patients surveys were rolled out continually and the results of the surveys displayed in reception.

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. The practice had re-designed their test to be child friendly in a picture format to encourage the children to contribute to the survey. Results were analysed each month, shared with staff and displayed in the waiting area.