

Crossgates Lane & Chapeltown Road Dental Practice Partnership

Dentistry@130

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 27 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dentistry@130 is situated in the Cross Gates area of Leeds. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided include preventative advice and treatment and routine restorative dental care.

The practice has three surgeries, a decontamination room, a waiting area and a reception area. Toilet facilities are situated on the ground and first floor of the premises. The reception and waiting room are on the ground floor and there are two surgeries on the ground floor and one surgery on the first floor of the premises.

There are three dentists, four dental nurses (one of whom was a trainee), one receptionist and a practice manager. They are also supported by an area development manager.

The opening hours are Monday to Friday 9-00am to 5-30pm.

The practice manager 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'.

Summary of findings

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 17 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect, informed of treatment options and were made to feel comfortable and relaxed.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
- Patients were treated with care, respect and dignity.

There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been two minor incidents in the last 12 months. These had been recorded and reflected upon by the practice. We saw if patients were involved then they would be given an apology and informed of any actions as a result of the incident.

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

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We reviewed feedback from 17 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given. It was also noted that reception staff provided a warm welcome and were friendly, helpful and considerate.

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 had made reasonable adjustments to enable patients with a disability or limited mobility to access dental treatment.

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 manager and head dental nurse were responsible for the day to day running of the practice and they were supported by an area development manager.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. They undertook monthly patient satisfaction surveys, a rolling text message satisfaction survey and were also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend. They had also recently started monthly dental nurse meetings.

Dentistry@130

Detailed findings

Background to this inspection

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

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

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

During the inspection we toured the premises, spoke with one dentist, two dental nurses, one receptionist and the practice manager. 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 saw from two recent minor accidents that they were documented, investigated and reflected upon by the dental practice. A copy of the accident form was also sent to the head office for analysis. If patients were involved then they would be given an apology and informed of any action taken as a result. We saw evidence that significant events were discussed at practice meetings.

The practice also received regular bulletins from the head office about significant events which had occurred at other Integrated Dental Holding (IDH) branches. If these were applicable to the practice then any learning from the significant event could be implemented into their own practice to ensure that the significant event did not occur again.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were discussed with staff at practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Staff were knowledgeable about the different kinds of abuse which can occur including dental neglect. The practice manager was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however, they were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments), using a safe needle system and a protocol to prevent nurses from handling syringes.

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

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

Medical emergencies

The practice had a policy and procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support as a team within the last 12 months. They also conducted scenarios of medical emergency situations every three months as part of their staff meetings.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the reception area. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. These including checking that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration.

Are services safe?

The practice used an IT system to help with the different stages of staff recruitment. This began with the practice manager requesting a new member of staff (e.g. dentist or dental nurse). This was then submitted to the head office to advertise for the position. Subsequent stages included obtaining an application form from the applicant, the interview process and then issuing a letter of offer or rejection. This enabled the practice to keep an audit trail of all recruitment procedures. Relevant documents were printed off and stored in the individuals staff file.

We reviewed the information held in the most recent member of staffs file and found the recruitment procedure had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

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

Monitoring health & safety and responding to risks

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

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

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. They had access to an online system provided

by IDH which provided updates about any new risks which had been identified with substances which were held at the practice. The COSHH folder was reviewed on an annual basis.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The head nurse was the nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

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.

Are services safe?

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

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in October 2015 relating 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.

Records showed a risk assessment process for Legionella had been carried out in January 2014 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had undertaken regular in-house risk assessments for legionella. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month and weekly decontamination of the water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of regular servicing of the autoclave and X-ray machines.

During the inspection we noted a small quantity of out of date filling materials. These had been missed because they

were kept separately from the other materials. This was brought to the attention of the practice manager and dental nurse and these were disposed of immediately. All other materials in the practice were in date and there was a daily checklist in place to ensure that materials were in date.

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

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. The results of the audits confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays. However, where improvements could be made these were documented and discussed at practice meetings. We saw that from a previous audit it had been noted that some of the images had scratches on them. This was due to one of the sensors being scratched. This sensor was identified and replaced. The practice now replace the X-ray sensors on a six monthly basis.

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 dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed information recorded in dental care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an x-ray and a detailed report was recorded in the patient's care record.

Records and discussions with patients showed a diagnosis was discussed with the patient and treatment options explained. Patients were given a copy of their treatment plan, including any fees involved.

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 practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. However, in some dental care records the patient's oral cancer risk group had not been documented. This had been highlighted in a recent audit and an action plan had been implemented to resolve this.

Staffing

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

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). Staff told us that if they wished to attend a course or pursue further training then they were encouraged to do so by the practice manager.

Records showed professional registration with the GDC was up to date for all clinical staff and we saw evidence of on-going CPD. Mandatory training included immediate life support, infection control and health, safety and fire awareness.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice.

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. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A log of all referrals made was kept in each surgery. 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 conducted an audit of referrals made every six months. This included checking whether the referral was appropriate and if all the relevant information had been included in the letter.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about

how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had received training in the principles of the Mental Capacity Act (MCA) 2005 and showed an understanding of the MCA 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 this was signed by the patient. This consent was in the form of a signed document outlining the costs involved with the treatment. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that most of the patients had been attending the practice for several years and they had built up good relations with them. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality was generally maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the care records were locked in 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.

Patients were also informed of the range of treatments available and their cost on notices in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day 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. Staff also told us that another option would be to contact a local sister practice to see emergency patients if they were unable to do so. However, this happened very infrequently.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included a removable ramp to access the building and a hearing loop. There were disabled toilet facilities on the ground floor of the premises. Two of the surgeries were located on the ground floor and were large enough to accommodate a wheelchair.

Access to the service

The practice displayed its opening hours in the premises, on the practice website and in the practice leaflet. The opening hours are Monday to Friday 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 within 24 hours or sooner if possible.

When the practice was closed patients who required emergency dental care were signposted to the NHS 111 service on the telephone answering machine. Details for patients of what to do if they have a dental emergency outside of the practice opening hours was also displayed in the waiting area and in the practice leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. 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.

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. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice information leaflet. We reviewed a complaint which had been received in the past 12 months and it had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient.

Are services well-led?

Our findings

Governance arrangements

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

We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, patient records, X-ray quality, prescriptions and referrals. Where areas for improvement had been identified action had been taken. Audit results were discussed at the monthly practice meetings.

There were a range of policies and procedures in use at the practice. The practice held monthly staff meetings involving all staff where governance was discussed.

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

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 and compliments they had received in the last 12 months and the actions that had been taken as a result.

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. Staff told us that recently they had started having nurses meetings which was found to be very useful for discussing issues specific to their needs.

All staff were aware of whom to raise any issue with and told us that the practice manager 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. Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and comments from patients. The practice audited areas of its practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, prescriptions, referrals and infection control. We looked at the audits and saw that the practice was generally performing well. Where issues had been identified action plans were formulated to address the issues.

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

The practice held monthly staff meetings where significant events, patients' complaints, infection control reviews and practice performance were discussed and learning was disseminated.

Staff told us they had received annual appraisals and reviews of their professional development. At the end of the appraisal a personal development plan (PDP) was formulated for the year. This included further training. We saw evidence of completed appraisal documents and PDPs.

All staff including the dentists also received monthly one-to-one meetings with the practice manager. These meetings involved discussions about performance and general wellbeing. The practice manager used up to date information to help the dentists identify areas to make them more productive and offer help if needed.

The practice manager or lead nurse also conducted dental observation of procedural skills (DOPS) assessments every three months for all the dentists. These assessments are used to assess the quality of the interactions between the

Are services well-led?

dentists and patients. These had been found to be very useful by the dentists. For example, it had been highlighted that some of the dentists did not introduce their dental nurse to patients.

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

Patients and staff told us that they felt engaged and involved at the practice both informally and formally. Staff told us their views were sought and listened to. The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying a monthly patient survey and a text message

survey for patients who had finished a course of treatment. The most recent results of the patient surveys indicated a high patient satisfaction. The practice also conducted the NHS Family and Friends Test.

The practice manager provided us with an example of when patient feedback had affected service. Patients received text message reminders for their appointments. These had been sent from an external company and had been arriving in the middle of the night which patients did not like. As a result the practice manager contacted the head office to address this issue and stop these messages being sent in the middle of the night.