

BRAND IDH Dental

# West End Apex Dental Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 13 July 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.

West End Apex Dental Centre is situated in the centre of Bradford and provides a range of dental services to NHS and private fee paying adults and children.

The practice has five surgeries, a decontamination room, an X-ray suite, a storage room, a large waiting area, reception area, toilets, the practice manager's office and a staff room. The reception area is on the ground floor of the building. All the other areas are situated on the first floor of the building.

There are four dentists, one hygienist, six dental nurses, three reception staff, a practice manager and two practice support manager.

The opening hours are Monday to Thursday 8-30am to 5-30pm and Friday 8-30am to 5-00pm.

The practice manager is currently registering to be the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we spoke with three patients who used the service and reviewed 32 completed CQC comment cards. Patients we spoke with and those who completed comment cards were generally positive about the care they received about the service.

They commented that staff were caring, helpful and respectful, treatment was well explained and the practice was clean and hygienic.

# Summary of findings

## 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.
- 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' (DBOH).
- 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.

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

- Ensure that rubber dam is used for all root canal treatments.
- Ensure that regular checks are completed to ensure that local anaesthetics are not out of date.
- Ensure that all single use materials are disposed of correctly.
- Ensure that a risk assessment is done on the floor in surgery 5 and suitable actions made to prevent accidents and allow thorough cleaning.

# 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 felt confident and comfortable about reporting incidents and accidents. We reviewed incidents which had occurred within the last two years and saw that the practice had responded appropriately.

Staff had received appropriate training in child and vulnerable adult safeguarding 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 patients 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 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 observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 32 CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with compassion, kindness, respect and dignity while they received treatment.

We observed patients privacy and confidentiality were maintained at all times in the waiting room and reception area.

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 patients understood.

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

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

# Summary of findings

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 surgeries were not accessible to disabled people; however people who were disabled were sign-posted to a branch practice which was accessible for disabled people.

## **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 staff all felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice and they were supported by a practice support manager.

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

There were good arrangements in place to share information with staff by means of six-weekly practice meetings which were minuted for those staff unable to attend.

# West End Apex Dental Centre

## Detailed findings

### Background to this inspection

This announced inspection was carried out on 13 July 2015 by a dentally qualified CQC inspector.

We informed the local NHS England area team and Healthwatch Bradford 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 three dentists, one dental nurse, two reception staff, the

practice manager and three patients. 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 a clear and effective process of how to report incidents. Staff were fully aware of this process. We saw evidence that incidents were documented, investigated and reflected on by the practice. Significant event details were forwarded to the Integrated Dental Holdings (IDH) national office for further analysis and recording. IDH are an umbrella company for several dental practices in England and are ultimately responsible for the running of the practices. A copy of the significant event was also stored in the patient's paper records if applicable. Patients would be given an apology if necessary and informed of any action taken.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There was reference to this in the practice health and safety policy. The practice responded to patient safety alerts issued from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

### 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 local safeguarding teams. The practice manager was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. Staff were aware of the signs of neglect and abuse and told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety 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).

Rubber dam (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field) were not used by all of the dentists during root canal treatment which is recommended by the British

Endodontic Society. The safety issues relating to non-use of rubber dam were discussed with the practice manager and the individual dentist and they said they would start using rubber dam during all future root canal procedures.

### Medical emergencies

The practice had a medical emergencies policy 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). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any areas of the practice. Staff were aware of the location of the medical emergency kit. 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 daily checks were carried out to ensure the equipment was safe to use. The practice had a contract with a company who replaced the emergency medicines before they were due to go out of date. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff informed us of a recent medical emergency which had occurred and how it was dealt with effectively.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files 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. Records showed that these checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). The

# Are services safe?

practice employed a trainee dental nurse who is not required to be registered with the 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**

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

In one surgery we identified an area where the flooring was not flush with the wall due to a radiator being there. This posed an issue with being able to effectively clean the area and also as a trip hazard especially for young children. This was brought to the attention of the practice manager who told us that she would inform the maintenance team and this would be looked at. Since the inspection the practice have taken steps to alter the flooring in this area.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, fire evacuation procedures and risks associated with Hepatitis B. The majority of processes were in place to monitor and reduce these risks so that staff and patients were safe.

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 their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures. We did identify a dental material which was not in the COSHH file and this was brought to the attention of the practice manager.

## **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 practice had a 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 (Hep B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. In one surgery the floor was not completely flush with the wall (as there was a radiator in the way) which would make effective cleaning difficult. This was brought to the attention of the practice manager and they informed us that they would contact the maintenance team to have this looked at. Work surfaces were free from clutter. Staff we spoke with 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 and colour coded equipment was used. 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 we spoke with 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. We observed waste was generally 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.

The trainee dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used an ultra-sonic machine to clean the used instruments, examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The

# Are services safe?

decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, 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 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 the last 24 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. The practice regularly undertook temperature tests of the water system and also tests on the water quality to ensure that Legionella was not developing.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, and dental chairs. We saw evidence of validation of autoclaves and ultra-sonic cleaners.

During the tour of the practice we noted some local anaesthetics were one month out of date. We informed the practice manager who immediately removed the local anaesthetics from the surgery. The daily surgery checklist stated that materials and medicines were checked to ensure that they remained fit for purpose, however since we found out of date medicines we advised the practice manager to ensure that all staff checked these thoroughly. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given and also audited prescriptions given by each dentist to ensure that they were safely given and in line with current guidelines.

## 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. A radiation protection advisor and a radiation protection supervisor 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. For example, local rules relating to each X-ray machine were displayed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

X-ray audits were carried out at least every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. One of the dentist's audits identified that their X-rays were not within the recommended range. The practice had formulated an action plan for the dentist and this would be assessed at the next audit date.



# 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 UK (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 with the dentists the information recorded in nine patient 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 their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

### Health promotion & prevention

The practice focused on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (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 children at high risk of tooth decay to receive fluoride applications 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 and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available to support patients and patients were also sign-posted to local services if necessary.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff told us they had good access to on-going training (as part of the IDH training academy) to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff that required it and we saw evidence of on-going continuous professional development.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

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 or the practice support manager were readily available to speak to at all times for support and advice. Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

### 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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment in line with current NICE guidelines. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A log of referral letters which had

# Are services effective?

(for example, treatment is effective)

been sent and any responses was kept by the reception staff. Upon receiving a response letter this was viewed by the referring clinician and any relevant details were added to the patient's electronic records. The letter was also stored in the patient's paper record card.

## **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 we spoke with had undertaken training on the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records.

# Are services caring?

## Our findings

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

We looked at 32 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of inspection. Patients told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. Staff we spoke with were aware of the importance of providing patients with privacy. Staff said that if a patient wished to speak in private an empty room would be found to speak with them. The reception area was separate from the waiting area which meant that patient who were waiting could not over hear conversations at the reception desk.

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. Patients' care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely locked cabinets.

### **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 including private options. The practice displayed information in the waiting area that gave details of NHS dental charges.

# 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. There were vacant appointment slots to accommodate urgent or emergency appointments each day. Patients we spoke with confirmed they had sufficient time during their appointment and did not feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us the practice was providing a service that met their needs. The practice offered patients a choice of treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient survey and the NHS Family and Friends Test to voice their concerns and needs. Results of the patient survey were analysed each month and any actions were implemented. Recent results of the patient survey had been positive.

The practice is not accessible to wheelchairs or people unable to climb stairs due to two flights of stairs to reach the waiting room and surgeries. Staff informed us that if patients who did not have the ability to climb the stairs would be sign-posted to a nearby branch practice which was accessible for wheelchairs or people unable to climb stairs.

### 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. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

Patients told us that they received information on treatment options to help them understand and make an informed decision on their preference of treatment.

### Access to the service

The practice displayed its opening hours on the premises, on the practice website and in its practice leaflet. Opening hours are Monday to Thursday 8-30am to 5-30pm and Friday 8-30am to 5-00pm. The practice had clear instructions in the practice, via the practice's answer machine, on their website and in the practice leaflet for patients requiring urgent dental care when the practice was closed. CQC comment cards reflected patients felt they had good access to routine and urgent dental care. One comment which we reviewed mentioned about their appointments being cancelled. The practice manager informed us that this was due to an unforeseen illness affecting one of the dentists.

### 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, on the practice website and in the practice leaflet. We reviewed the complaints which had been received in the past 12 months and all had been dealt with in a timely manner and an apology given in necessary. It was evident from these records that the practice had been open and transparent and where action was required it had been taken.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager and practice support manager shared the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These 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, prescriptions and X-ray quality. Where areas for improvement had been identified action had been taken. There were a range of policies and procedures in use at the practice. The practice held six-weekly meetings involving all staff where governance was discussed. The practice also held separate dentist and nurse meetings.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities and had delegated lead roles, such as infection control and safeguarding.

### 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. 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 ethos.

### Management lead through learning and improvement

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff also had access to the IDH training academy which prompted them towards maintaining their CPD.

The practice audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

The practice held six-weekly staff meetings where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals where learning needs, concerns and aspirations could be discussed.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including carrying out monthly patient surveys. The most recent patient survey in May 2015 showed a high level of satisfaction with the quality of the service provided. The practice also undertook the NHS Family and Friends Test.