Mr. Paul Baines

The Dentists Old Market

Inspection Report

The Dentists Old Market
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Overall summary

We carried out an announced comprehensive inspection on 14 March 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

Brief overview: The practice provides routine and complex dental care under private contract. The practice has surgeries on all floors of a converted industrial property. They are situated in a commercial area with metered roadside parking. The practice had been refurbished during the last five years and all treatment rooms have modern facilities .There are three treatment rooms, over two floors.

The practice premises are accessible to wheelchair users on the ground floor level.

Patients are registered with one of three dentists (male or female) and will see the same dentist on each visit, except in emergency or in the case of referral.

Services offered:

- Preventive advice and treatment
- Routine and restorative dental care
- Root canal treatment
- Dental hygiene
- Surgical treatment
- Crown and bridgework
- Restorative dentistry
- Implants
- Cosmetic dentistry: tooth straightening, veneers and dental implants are all available on the premises.
- Periodontist for diagnosis and treatment of gum disease.
- Oral surgeon for assessment and extraction of wisdom teeth and broken roots.
- Implantologist for the replacement of missing teeth with dental implants.

Summary of findings

- Orthodontic screening for teeth straightening and braces.

Opening Hours: Monday to Thursday 8.30am-5.00pm, Friday 8.30am- 1.00pm.

Out Of Hours - patients called 111 or the Dentists Old Market are part of a group out of hours service with four other practices who all participate in on call arrangements.

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.

We reviewed 47 comment cards that had been completed by patients. The comments made praised the treatment provided and the staff team. Patients said they received professional, caring and compassionate care in a very friendly and clean environment. They used comments such as first class service and excellent to describe their experience of the practice.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.
- All treatment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Dentists regularly assessed patients according to appropriate guidance and standards including assessment of gum health and taking X-rays at appropriate intervals.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff were kind, caring, competent and put patients at their ease.

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

- Review the practice's audit protocol for the dental care records to help improve the quality of service.
- Review the practice's audit protocol for the radiographs so that all dentists are included which contributes to improving the quality of service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole practice. The equipment used in the dental practice was well maintained and in safe working order. Risk management processes were in place to manage and prevent harm.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff demonstrated a thorough understanding of the Mental Capacity Act 2005 and offered support when necessary.

Are services caring?

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

Feedback from patients spoken with and through completed comment cards was positive about their experiences of dental care provided at the practice. Patients told us they were listened to, treated with respect and were involved with the discussion of their treatment options which included any risks, benefits and costs. Patients were contacted after receiving complex treatment to check on their welfare. Patients who required emergency dental treatment were responded to in a timely manner and always on the same day. We observed the staff to be caring and committed to their work. Patients commented staff displayed empathy, friendliness and professionalism towards them. We found staff spoke with knowledge and enthusiasm about their work and the team work at the practice which contributed to good outcomes for patients.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. Patients told us through comment cards the practice staff were very

Summary of findings

responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The practice had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The practice handled complaints in an open and transparent and way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area and on the practice website.

Are services well-led?

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

There was a management structure in place and staff understood about their responsibilities. The provider was always approachable and the culture within the practice was open and transparent. Staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider. The dental practice had effective clinical governance and risk management structures in place. There was a pro-active approach to identifying safety issues and make improvements in procedures. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice sought the views of staff and patients. The provider ensured policies and procedures were in place to support the safe running of the service. Regular staff meetings took place and these were recorded. All staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

The Dentists Old Market

Detailed findings

Background to this inspection

The inspection was carried out on 14 March 2016 by a CQC inspector and a dental specialist advisor.

We asked the practice to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

On the day of our inspection we looked at practice policies and protocols, dental patient records and other records relating to the management of the service. We spoke to the provider, two dentists, one hygienist and two dental nurses. We also reviewed the comments cards completed by patients.

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

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

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

We found that a rubber dam was used in root canal treatments. We discussed this with the dentists and practice staff, and were shown the equipment in place in the treatment rooms.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (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) and oxygen with face masks for both adults and children. The practice also had medicines for use in an emergency in accordance with guidance from the British National Formulary. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use. Records showed all staff had completed training in emergency resuscitation and basic life support. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

The practice had a very stable staff team and had only recruited one member of staff recently. The practice had a written recruitment protocol; the qualification, skills and experience of each employee had been fully considered as part of the interview process. We also saw the practice had a pre-employment checklist and specific induction programme for staff. We reviewed the staff recruitment files for the dental nurses. We saw CV's were used to demonstrate suitability, experience and employment history. There were also copies of qualification and training certificates, immunisation status and evidence of professional registration with the General Dental Council. It was the dental practice's policy to request a Disclosure and Barring Services (DBS) check for all staff. (The Disclosure and Barring Service (DBS) carries out checks to 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). There was no photographic proof of identity held on file however the provider made arrangements for this to be rectified on the day of our visit and provided evidence following the inspection this had been completed.

We also reviewed documents held by the provider in respect of associate dentists and self employed staff who worked at the practice. We found there were copies of qualification and training certificates, immunisation status, DBS checks and evidence of professional registration with the General Dental Council. The evidence of training for one associate dentist was not available on the day but was provided after the inspection.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for

Are services safe?

risk of fire. Fire marshals had been appointed, fire safety equipment had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

We discussed the arrangements in place to deal with a range of emergencies that may impact on the daily operation of the practice. The provider told us they remained oncall at all times to deal with emergencies. In their absence another dentist provided the same type of oncall arrangement. The practice had identified an alternative site should the emergency render the practice unusable. The practice had a daily computer backup which was removed from the premises at night which contained relevant contact details of patients. The provider could access the electronic records remotely.

Infection control services safe?

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff.

We saw the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' We observed there was an instrument transportation system, using lidded boxes, in place to ensure the safe movement of instruments between sessions. The dental nurse explained to us how instruments were decontaminated and sterilised. They wore suitable protective clothing whilst instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine). We saw an illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments written by the practice. We observed instruments were placed in pouches after autoclave sterilisation and dated to indicate when they should be reprocessed if left unused. We saw evidence the autoclave parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks. We found daily, weekly and monthly tests and a log was kept of the results.

We observed how waste items were disposed of and stored. We noted the key to the storage area was accessible to the public and raised this with the practice, who immediately secured the key. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and the safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation.

Staff told us the importance of good hand hygiene was included in their infection control training. Hand washing guidance was displayed by the soap and hand gel dispensers next to the sink to ensure effective decontamination. Patients were given a disposable protective bib to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

Records showed a risk assessment process for Legionella had been undertaken by competent person (a competent person is someone who has sufficient training and experience, capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and

Are services safe?

who has authorization to take prompt corrective measures to eliminate them) and appropriate processes in place to prevent contamination such as flushing of dental unit water lines and water temperature checks. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance of colour coding equipment to prevent the risk of cross-infection.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates which showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

No practitioner at the practice undertook conscious sedation.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor. We found the practice did not have all the documentation received from the radiation protection adviser however this was provided immediately after the inspection. We were shown how the practice monitored the quality of radiographs so that patients did not receive unnecessary exposure to radiation. Patient records indicated reasons for radiographs being taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patient assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) standards. We saw the dentists had used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. These measures demonstrated a comprehensive process of risk assessment had been undertaken for oral disease.

The dentists assessed each patient and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice standards. They also recorded the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. We were told about and saw records of the meetings held at the practice which staff had attended where cascade training in areas such as infection control took place.

Health promotion & prevention

The practice asked new patients to complete a new patient health questionnaire which included further information for medical health history, consent and data sharing guidance. The practice invited patients in for consultation with one of the dentists for review. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Information displayed in the waiting area promoted good oral and general health. This included information about healthy eating, diabetes and tooth sensitivity.

We found there was an awareness of the guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. We saw the practice had high concentration fluoride toothpastes onsite to prescribe to patients at high risk of dental decay.

Staffing

Practice staffing included clinical and administrative staff. Training records showed staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included topics such as responding to medical emergencies and infection control. We found staff were encouraged to maintain and were up to date with their yearly continuing professional development requirements (CPD), to maintain their skill levels.

There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff were able to relate to the induction process during the course of our discussions with them. Staff we spoke with had received an informal discussion with the provider to identify training and development needs; they confirmed to us training for professional development was supported by the provider through being given the time and payment for courses.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of another healthcare professional who was experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using the NHS referral process.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with

Are services effective?

(for example, treatment is effective)

each patient and then documented in a written treatment plan. Patients who spoke with us confirmed they were given time to consider and make informed decisions about which option they wanted. The practice asked patients to sign specific consent forms for some dental procedures to indicate they understood the treatment and risks involved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

All staff we spoke with were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. One dentist who had specific qualifications in paediatric dentistry generally undertook treatment for children at the practice. They told us children of this age could be seen without their parent or guardian and the dentist told us they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test. The practice ensured valid consent was obtained for all care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the practice. All of the comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All patients we spoke with told us they were satisfied with the care provided by the practice. The practice had completed their own patient satisfaction survey in the past but had not done this recently.

Staff told us consultations and treatments were carried out in the treatment rooms. We noted the treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm, professional manner. Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance for nervous patients. They told us they could access an empty treatment room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The practice had paper records for all patients which were held securely. Patient's dental care records were all electronic with off-site back up. The day to day operation of the practice used computerised systems and the practice had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room. Patients told us they were always treated with respect by caring and patient staff.

Involvement in decisions about care and treatment

We saw patient's medical status was discussed with them in respect of decisions about the care and treatment they received. For example, we read in the minutes of a meeting the dentist discussed the format of medical history declaration and agreed actions to be taken if specific health conditions had been declared, for example, coronary valve replacement.

The practice told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw a range of these available in the treatment rooms. Information leaflets gave information on a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as, veneers, crowns and bridges was accessible on the practice website. A treatment plan was developed following examination of and discussion with each patient. We observed staff taking time to explain care and treatment to individual patients clearly and were always happy to answer any questions. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

We looked at some examples of written treatment plans and found they explained the treatment required and outlined the costs involved. The dentist told us they rarely carried out treatment the same day unless it was considered urgent. This allowed patients time to consider the options, risks, benefits and costs before making a decision to proceed. We were told patients who had received more complex treatments were always followed up to monitor their welfare.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff reported the practice scheduled enough time to assess and undertake patients care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided. Patients who required urgent treatment were assessed and seen the same day. Patients with more complex dental needs were treated at the practice or referred to appropriate services.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they could contact a telephone translation service.

The practice had recognised the needs of different groups in the planning of its services. Patients with disabilities and patients with pushchairs were able to access services on the ground floor of the building. No parking was available at the practice although there was street parking.

Access to the service

The practice was open Monday to Thursday 8.30am-5.00pm, Wednesday and Friday 8.30am- 1.00pm. Dentists and hygienists worked on a sessional basis throughout the week.

We asked how patients were able to access care in an emergency or outside of normal opening hours. Where treatment was urgent patients would be seen the same day if necessary. We observed this in place on the day of our visit. Comments received from patients indicated patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice without exception. An emergency out of hours service for registered patients was accessible as the practice worked collaboratively with other dental practices and had 'on call' arrangement in which the dentists participated.

Staff told us an answerphone message detailed how to access out of hours emergency treatment.

Concerns & complaints

There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the practice waiting room and on the practice website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The designated responsible person who handled all complaints was the provider.

We reviewed the practice complaint system and noted one patient complaint had been received over the past 12 months which had been resolved. We read the practice procedure for acknowledging, recording, investigating and responding to complainants and found there was an effective system in place which ensured there was a clear response and shared learning disseminated to staff about the event.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. The practice had a number of policies and procedures in place to govern activity and these were available to staff in the reception area. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence.

The provider had responsibility for the day to day running of the practice. The provider had regular informal (daily) and formal recorded meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, the provider was the clinical professional lead and the lead person for safeguarding.

Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how much they benefited from these meetings. For example, the recent meeting facilitated discussion about infection control. Clinical staff met informally on a daily basis to discuss treatment or clinical pathways, and discussed opportunities for more effective working or changes in guidance.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider who would listen to them. We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team and worked as a team toward the common goal of delivering high quality care and treatment.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. The management of the practice was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found only informal appraisal had been undertaken however the staff we spoke with told us the practice was supportive of training and professional development, and we saw evidence to confirm this. Following our visit the provider undertook a formal recorded appraisal with staff and provided evidence of this to us.

The practice carried out regular audits of infection prevention and control in accordance with national guidance HTM01-05 standards for decontamination in primary care dental practices. A programme of audits ensured the practice regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the radiographs for two dentists had been regularly audited and we were told the findings discussed as a team so that any improvement actions needed could be identified and taken such as replacement of equipment. An audit of patient records had been completed but not since 2010. The provider told us the record auditing process in respect of meeting the General Dental Council (GDC) standards would be reinstated. They confirmed after the inspection this would start by the end of March 2016. We also saw there had been a handwashing audit and ongoing auditing of the treatment rooms for cleanliness, equipment provision, and infection control.

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

There was a system in place to act upon suggestions received from patients using the service. We saw patients had been given the opportunity to provide feedback in person, complete comment cards or post a suggestion in the box provided. Evidence provided by the practice from their surveys indicated a high level of satisfaction from patients.

The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.