

Mr Nigel Cowell

Avondale Dental Practice

Inspection Report

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Date of inspection visit: 12/10/2015
Date of publication: 10/12/2015

Overall summary

We carried out an announced comprehensive inspection on 12 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

Avondale Dental Practice provides a wide range of preventative dental care. Treatment is available to NHS patients only. The staff structure consists of three dentists, a dental hygienist, three dental nurses, and a practice manager/receptionist.

The practice was open from 9am to 5pm Monday to Friday. The practice was closed from 1pm to 2:00pm each day for lunch.

The practice is housed in a converted property across two floors. The reception and waiting area are on the ground floor with treatment rooms on both floors.

There is a registered manager in place; 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.

We reviewed 21 comment cards that had been completed by patients and spoke with four patients on the day. All the comments we received were very positive about the service and patients felt that the staff were caring and took time to explain their treatment options and the costs involved. They used comments such as 'first class service' and 'excellent' to describe their experiences of the practice.

Summary of findings

We also saw that patients completed the practices own survey and that the practice encouraged responses from family and friends survey. These results confirmed that overall patients were happy with the treatment received and would recommend the practice to others.

We found that this practice overall was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.
- We found all treatment rooms well planned and equipped, with good lighting 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.

- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines and was led by a proactive management team.
- During our visit we observed staff were kind, caring, competent and put patients at their ease.

However there were areas where the provider should make improvements and should:

- Review staff recruitment records to ensure records are complete and all staff record information is kept in one place.
- Review the analysis of audits to document that audits are completed and any changes to practice clearly indicated.

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 overall was providing safe care in accordance with the relevant regulations. The practice responded to national patient's safety and medicines alerts and took appropriate action. Information was regularly shared with staff. Significant events, complaints and accidents were recorded appropriately, investigated, analysed and improvement actions implemented.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to. We confirmed staff were suitably trained and skilled and there were sufficient numbers of staff available to support patient's health needs. However we saw that not all the right checks had been made prior to employment of staff, no references had been obtained. Other staff records were omitted, these included proof of identity and confirmation of health. The manager told us that this would be addressed with immediate effect.

Infection control procedures were in place and radiation equipment was suitably sited and used by trained staff only.

Sufficient quantities of equipment were available for use at the practice and were serviced and maintained at regular intervals.

Are services effective?

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 taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

Staff understood the Mental Capacity Act (2005) and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring staff were, they felt that they were given good information and explanations about their treatment options. Patients told us about the positive experiences of the dental care provided at the practice such as being involved in decisions about their treatment and were provided with sufficient information to make an informed choice. Patients said 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.

Appointment times were flexible and met the needs of patients. Patients told us that waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen the same day or next day.

Summary of findings

The treatment rooms and patient toilet were accessible for patients with limited mobility. The ground floor waiting area and reception had level access and the patient bathroom was based on the ground floor.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

There was an effective leadership structure led by the lead dentist (the provider) and the practice manager. Staff had clear lead roles and responsibilities and understood how they impacted on the quality of the service. Staff told us they felt supported and involved in service improvements through effective team communication.

The dental practice had effective clinical governance and risk management structures in place. There was a pro-active approach to identify 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 practice manager and ensured policies and procedures were in place to support the safe running of the service. Regular staff meetings took place and these were recorded.

Avondale Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 12 October 2015. The inspection included a CQC inspector and specialist dental advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice.

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

During the inspection we spoke with the three dentists, three dental nurses and the practice manager. We reviewed policies, procedures and other documents. We also spoke with four patients and reviewed 21 CQC comment cards. The cards were left prior to the inspection for patients to complete, about the services provided at the practice.

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

Systems were in place to record incidents and the health and safety policy informed staff of their process. From these records we saw that the practice had reflected on how similar incidents could be avoided in the future and shared at staff meetings for overall learning.

The practice had not received any complaints in the last twelve months. We saw that when complaints had been recorded they had been responded to appropriately and in a timely manner.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We saw safety alerts that had been received by the practice. All staff had access to this information both electronically and in paper records. The practice manager told us that they now received them via email and acted on them promptly where appropriate. Staff we spoke with displayed knowledge of the alerts that affected dental practices.

Staff meetings took place every two months and alerts were discussed, we were satisfied that the meetings were being used to cascade relevant safety information to staff.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage of materials.

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.

The practice had a named member of staff with lead responsibility for safeguarding issues. There had been no safeguarding concerns raised but staff had a good

understanding of their role and the steps they would take should they have concerns about an individual. We found staff had received training in safeguarding adults and child protection reporting procedures.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However, they felt confident that any issue would be taken seriously and action taken.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) and the practice routinely used safety measures to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had emergency medicines in place and all staff had been trained in basic life support to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).

The practice had an External Automated Defibrillator (AED) available on site. 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. All staff were appropriately trained in the use of the AED.

Staff recruitment

The practice had a recruitment policy that described the process to be followed when employing new staff. This included, checking skills and qualifications, registration with professional bodies, references and confirmation that Disclosure and Barring Service (DBS) checks will be undertaken where relevant. We looked at two staff files and found that prior to employment of staff the right checks had not always been made. We saw that references were not always sought. The practice manager explained that the member of staff was well known to the practice before

Are services safe?

employment. We saw that other staff records were omitted, these included proof of identity and health declarations. The manager told us all these would be addressed with immediate effect.

The practice had four dentists with four qualified nurses in post. The staff told us that there was always an extra member of staff available. On the day of the inspection we saw there were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff were able to cover for each other. On the rare occasion this was not possible the practice used staff from a nearby practice in Barrow which was owned by the provider.

Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2015 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH), there had been a COSHH risk assessment done for dental materials used at the practice to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms. A local anaesthetic syringes needle risk assessment had been carried out in line with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who was the designated person in the decontamination room. All staff were suitably trained in the decontamination process. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and decontaminating dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records

were kept of decontamination cycles and tests and when we checked those records it was evident the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. The dental nurse demonstrated the process to us, from taking the dirty instruments out of the dental surgery through to cleaning and preparing for use. We observed dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. The dental nurse was responsible for cleaning all areas of the practice in the mornings/evenings and wiping down all surfaces and the dental chair in-between patients.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella, particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and actions recommended in the report carried out. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk to staff of infection. We observed sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notes were available for us to view.

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.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule

Are services safe?

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 infection spread.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. These included 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.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order.

Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were displayed next to the X-ray machine.

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. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays on a regular basis and records were being maintained in line with IRMER regulations. We noted however that analysis of these results were not always recorded. This was required to explain any action required for improvements. We discussed this with the staff who told us that this would be reviewed immediately to reduce the risk of patients being subjected to unnecessary X-rays. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

We looked at a sample of patient records and found that the assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

We saw that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. Where appropriate dental fluoride treatments were prescribed. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

We received feedback from patients which confirmed that they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes. The practice had undertaken a customer satisfaction survey of the practice and had analysed the outcome and taken action. We saw the NHS family and friends review and found that 100% of patients would recommend this practice to others.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention'

when providing preventive oral health care and advice to patients. [Delivering Better Oral Health is an evidence based toolkit to support dental practices in improving their patient's oral and general health].

The practice asked new patients to complete a new patient health questionnaire which included further information for 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.

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

We saw evidence of where they had advised children and their parents attending the practice on the steps to take to maintain healthy teeth.

Staffing

We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with said staffing levels were suitable for the size of the service.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place in line with GDC guidance.

Staff training was being regularly monitored and training updates and refresher courses were provided. 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. The practice had identified training that was mandatory as required by the GDC. These included medical emergencies,

Are services effective?

(for example, treatment is effective)

decontamination and radiation training. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

Regular two monthly practice meetings were held with all staff. Staff we spoke with told us they felt supported and enjoyed working at the practice. They felt able to raise areas for discussion both informally and formally at practice meetings.

Working with other services

When patients had complex dental issues, the dentists referred them to secondary (hospital) care when necessary. This included, for example referral to a dental hospital for assessment or treatment by oral surgeons. The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. We observed patients signing for consent to treatment and patients we spoke with confirmed that consent was obtained.

Patients were provided with a written treatment plan; this included information about the financial and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and consent to the proposed treatment.

The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

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 told us how they would manage a patient who lacked the capacity to consent to dental treatment. They gave an example of they had recently been involved with a patient's family and liaised with other professionals involved in the care of the patient to ensure that the best interests of the patient were being met.

Staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. They told us children of this age could be seen without their parent/ 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 told us they were satisfied with the care provided by the practice. We also saw the practice had initiated the NHS Friends and Family survey; we saw that they had received a 100% for patients who would recommend this practice to others.

We observed staff greeted patients in a friendly and welcoming way and were respectful to all 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.

The reception and waiting area were together, however we noted that music was played and staff lowered their voices to ensure conversations could not be overheard. The reception staff explained that they considered privacy during conversations held at the reception area when other patients were present. They also confirmed that should a

confidential matter arise, a private area was available for use. 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.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

Involvement in decisions about care and treatment

A patient we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. The practice manager told us that longer appointment times were available for patients who required extra time or support, such as older and patients with particular health needs.

We looked at some examples of written treatment plans and found they explained the treatment required and outlined the costs involved. The staff told us they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice used a variety of methods to provide patients with information. These included the notice board in the waiting area and the patient information leaflet given to patients when they joined the practice. The leaflet had details about appointments, charges, opening times and how to raise concerns about any aspects of the care provided.

Staff explained the practice scheduled enough time to assess and undertake patients' care and treatment needs. This was evident when we reviewed the appointment system. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Tackling inequity and promoting equality

The ground floor reception/waiting room, patient toilet and a treatment room had level access and were accessible for patients with restricted mobility or patients with pushchairs.

The practice information leaflet displayed in the waiting area described the range of services offered to patients, the complaints procedure, and information about practice opening times, patient confidentiality and emergency care. Appointment times and availability met the needs of patients. The practice was open from 9.00 am to 5.00pm Monday to Friday. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one. One patient commented that they were always seen the same day when they were in pain.

The staff explained how they communicated with patients who had different communication needs such as those whose first language was not English. 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 they could contact a telephone translation service.

The staff explained how they supported patients with particular health needs. They ensured patients were supported by their carer or were given an appointment time that suited their needs. They ensured the length of the appointment gave sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary.

Staff told us an answer phone message detailed how to access out of hours emergency treatment and displayed in the waiting room area and in the practice leaflet.

Staff we spoke with told us that patients could access appointments when they wanted them and the patient comments we received confirmed this.

Concerns & complaints

The practice had a complaint's procedure and policy. The complaints policy was displayed in the waiting area and the practice leaflet also informed patients of the complaints process. 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 practice manager. Staff we spoke with were aware of the procedure to follow if they received a complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. There had not been any complaints in the last 12 months. We saw that when complaints had been made they had been responded to in line with the practice's complaints procedure.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access.

The practice statement of purpose indicated that the overall ethos of the practice was to provide a professional service to their patients. The practice aimed to provide good dental health for the patient through preventative dental care to establish an individually-developed personal dental health regimen for each patient to meet their dental care needs and aimed for a good level of oral health.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, patient records and emergency equipment audits. Whilst audits were completed it was not always clear what analysis and action had been undertaken. The practice should review the analysis of audits to document that audits are completed and any changes to practice clearly indicated.

Leadership, openness and transparency

Staff spoken with felt empowered and told us that the dentist encouraged them to report safety issues and they felt confident to raise any concerns they had. These were discussed openly at staff meetings where relevant. All staff were aware of whom to raise any issue with and told us that the dentist would listen to their concerns and act appropriately. We were told that there was an open culture at the practice and that the delivery of high quality care was part of the practice ethos.

Staff had designated roles and each were responsible for aspects of the day to day running of the service. They led on the individual aspects of governance such as infection control and safeguarding within the practice. There were systems in place to monitor the quality of the service.

Staff worked together and also met socially and periodically all took part in charity and fund raising events. The practice manager told us that this was a positive outcome for team building.

Learning and improvement

Staff told us they had good access to training and were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists, dental hygienist and nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff professional registrations were up to date.

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

We saw that the service acted upon suggestions received from people using the service. For instance following patient feedback the practice reviewed the reminders given to patients for longer appointments to avoid missed appointments.

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.