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Fern Cottage Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 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

Fern Cottage Dental Practice is situated in the Hoyland area of Barnsley. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice, treatment and routine restorative dental care.

The practice has three surgeries (one of which is not used), a decontamination room, a waiting areas and a reception area. Treatment and waiting rooms are on the ground floor of the premises.

There are three dentists, four dental nurses and two receptionists.

The opening hours are Monday 9-00am to 5-00pm, Tuesday 9-00am to 6-30pm and Wednesday to Friday 8-30am to 5-00pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 25 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

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.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

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

- Implement a stock checking system to ensure that materials which have passed their expiry date are removed from the surgery

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been a needle-stick injury in the last year and this had been dealt with in line with the practice's policy and protocol.

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

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

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

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

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated. The practice used markers on its care records to identify if patients had a specific need such as a particular medical condition which may affect treatment.

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

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

Are services caring?

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

We reviewed 25 completed CQC comments cards and spoke with two patients on the day of the inspection. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given. We also noted that reception staff were very helpful and friendly.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Summary of findings

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments for disabled patients including a ramp to access the practice at the back of the building.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice owner was responsible for the day to day running of the practice and they used a computerised package to help with keeping up to date with clinical governance issues.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice had a suggestion box in the waiting area, conducted patient satisfaction surveys and also took part in the NHS Family and Friends Test (FFT).

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

Fern Cottage Dental Practice

Detailed findings

Background to this inspection

This announced inspection was carried out on 6 October 2015 by a dentally qualified CQC inspector.

We informed the local 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 toured the premises, spoke with the practice owner, one dentist and two dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence of a needlestick injury which had occurred within the last year. This had been documented, investigated, appropriate action taken and was reflected upon. Action had been taken to reduce the likelihood of this occurring again. If patients were affected then they would be given an apology and informed of any action taken as a result.

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

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

Reliable safety systems and processes (including safeguarding)

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

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

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

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

Medical emergencies

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

Records showed weekly checks were carried out to ensure the equipment was safe to use. 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 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.

There had not been any new staff recruited for over 10 years therefore there was no evidence of the current recruitment procedure being implemented. However, we were informed that this procedure would be followed as and when new staff were recruited.

We reviewed a sample of staff files and found that the practice had carried out Disclosure and Barring Service (DBS) checks for all employed staff when it was recently taken over by the new owner. 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.

Are services safe?

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

Monitoring health & safety and responding to risks

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

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

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

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 (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient

and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned 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 confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic machine to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included 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 in October 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Are services safe?

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

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety).

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

During the inspection we noted that there were a small amount of out of date materials in one of the surgeries. We discussed this with the practice owner who told us that

these materials were no longer used but these would be disposed of. We were also told that regular checks of the materials in the surgeries would be implemented to ensure that out of date materials would not be used on patients.

Radiography (X-rays)

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

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed.

Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken and whether they had been justified. The results of the most recent audit undertaken in June 2015 confirmed they were generally performing well. However, the audit had identified issues with the developing of the X-rays. The practice owner had subsequently installed a digital X-ray system which removed the issues of developing errors.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had recently installed an electronic dental care records system but also held paper care records for historical purposes. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented in the care records.

We reviewed information recorded in six 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.

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. Markers were used to flag up any medical conditions which may affect dental treatment including the patient being on blood thinning medication or on medication for osteoporosis.

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

Records and discussions with patients showed a diagnosis was discussed with the patient and treatment options explained. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed by the patient before treatment and stored in the paper care records.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room to support patients.

Staffing

The practice had a policy and procedures for the induction of new staff. However, since there had not been any new staff for over 10 years this had not yet been implemented. The procedure of the induction of staff appeared to be effective and thorough.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control. The practice used an electronic compliance package which showed when staff members were due to complete mandatory training. This ensured that staff were all up to date with current training.

Staffing levels were monitored and planned for staff absences to ensure the service was uninterrupted. The practice employed four dental nurses who worked on a rota basis. If dental nurses were off sick or on holiday the other dental nurses could be called on to provide cover. We were told that there have never been any instances where patients had to be cancelled due to lack of staff.

Are services effective?

(for example, treatment is effective)

The dental nurses were supervised by the dentist and supported on a day to day basis by the practice manager. Staff told us the manager and the principal dentist were readily available to speak to at all times for support and advice. Staff told us they had recently received appraisals and these covered topics including performance, future aspirations and general wellbeing. We saw documented evidence of the appraisals.

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. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

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

Some staff had received training in the principles of the Mental Capacity Act (MCA) 2005 and other staff showed an understanding of the MCA and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. This consent was in the form of a signed document outlining the costs involved with the treatment. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that most of the patients had been attending the practice for over 20 years and they had built up good relations with them. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

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

However, we saw that a list of patients who had appointments on the day was displayed where people stood at the reception desk could see. We were told that this was for a quick reference to tell the staff which patients

had arrived and also for fire evacuation purposes. We discussed this with the practice owner and it was decided to keep this list on a shelf below the reception desk which was not visible to people stood at the reception desk.

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

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost in information leaflets, on notices in the practice and on the practice website. This information included costs of both NHS and private options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

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

As part of the recent patient survey the practice had conducted, there was a specific question about the availability of appointments and there had been positive feedback.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included disabled parking at the rear of the practice and a ramp to access the rear of the building. There was a door bell on the back door of the building for patients to ring if they needed assistance. However, staff told us that they were normally aware of patients who would need assistance and they would keep an eye out for them.

There were toilet facilities on the ground floor however these were not large enough to accommodate a wheelchair. New patients were made aware of this issue before booking an appointment and it was also noted on the NHS choices website that there were no disabled toilet facilities.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday 9-00am to 5-00pm, Tuesday 9-00am to 6-30pm and Wednesday to Friday 8-30am to 5-00pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed patients who required emergency dental care were signposted to the NHS 111 service on the telephone answering machine.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. This policy was stored on the computer system and was easily available for all staff to access. 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 or concerns. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice were not able to provide a response in 10 working days then the complainant would be made aware of this.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. There were contact details of external organisations readily available for patients who were not satisfied with the response given by the practice.

We reviewed a complaint which had been received in the past 12 months and it had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient. The patient had been satisfied with the outcome of the complaint.

Are services well-led?

Our findings

Governance arrangements

The practice owner was in charge of the day to day running of the service. The practice used a computerised compliance system to help with clinical governance. This included a calendar to prompt the practice owner to undertake audits, service equipment and conduct practice meetings. This system also provided the practice owner with information about updates to current legislation which should be implemented into practice. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control.

We saw that the audit processes were used to make improvements to the service. The results of the latest X-ray and clinical record audits identified issues with the processing of X-Rays and quality of record keeping. The practice had subsequently installed a computerised record system and a digital X-ray system as part of the action plan. The practice had a date to re-audit the quality of X-rays and the clinical to check whether the action plan had been successful.

There were a range of policies and procedures in use at the practice. These were held on the computerised clinical governance system and were available for all staff to reference. The practice held monthly staff meetings involving all staff where governance was discussed. The computerised clinical governance system prompted the practice owner as to which policies and procedures need to be discussed at the staff meetings. The policies which would be discussed at the staff meetings were displayed on the staff notice board prior to the meeting so staff would refresh their knowledge on these policies.

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

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaints and compliments they had received in the last 12 months and the actions that had been taken as a result.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. There was a whiteboard in the kitchen for staff to suggest ideas or issues to discuss at the next staff meeting. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. Staff were aware of whom to raise any issue with and told us that the practice owner was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records, X-rays and infection control. We looked at the audits and saw that the practice generally was performing well. However, where issues had been identified these had been addressed and an action plan was implemented.

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

The practice held monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The patient satisfaction survey covered areas such as cleanliness and comfort, appointment booking time and the overall confidence in the dental team. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

Are services well-led?

The practice also undertook the NHS Family and Friends Test and the recent results showed that 100% of patients who responded would recommend the practice to family and friends.