

East Mews Dental Practice Limited

East Mews Dental Practice Limited

Inspection Report

2 East Mews
East Street
Horsham
RH12 1HJ
Tel: 01403 257237
Website: www.eastmews.co.uk

Date of inspection visit: 16 February 2017
Date of publication: 06/04/2017

Overall summary

We carried out an announced comprehensive inspection on 16 February 2017 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.

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

East Mews is a general dental practice in Horsham, West Sussex, offering NHS and private dental treatment to adults and children. The practice is situated in the town centre of Horsham.

The practice has three treatment rooms and a reception/waiting area. The main entrance to the practice is located to the side of the building on the ground floor. The practice is located on the first floor.

The practice is open Monday to Friday from 8.15am to 5.00pm and on one Saturday per month from 9.00am to 3.00pm.

East Mews has three dentists (one of whom is the co-owner and registered manager), four dental nurses (one of whom is a trainee), two hygienists and two receptionists. The team are supported by a practice manager.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 48 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were helpful, caring and friendly.

Our key findings were:

- There were systems in place to reduce the risk and spread of infection. The practice was visibly clean and well maintained.
- There were systems in place to check all equipment had been serviced regularly, including the steriliser, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice had effective systems in place to gain the comments and views of people who used the service.
- Patients were satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- We observed that staff showed a caring and attentive approach towards patients. All patients were recognised and greeted warmly on arrival at reception.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff told us they were proud of the practice and their team. Staff told us they felt well supported and were committed to providing a quality service to their patients.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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 to assess and manage risks to patients. There were processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies. However, staff did not always follow the appropriate decontamination process of instruments according to national 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 safe for the provision of care and treatment.

No action



Are services effective?

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included accurate details of treatment provided. We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs.

No action



Are services caring?

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with respect and staff were caring and friendly. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work and were proud of what they did.

No action



Are services responsive to people's needs?

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

No action



Are services well-led?

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

No action



Summary of findings

The practice had effective clinical governance and risk management structures in place. There were effective methods to seek feedback from patients using the service. We observed good support from the practice manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

East Mews Dental Practice Limited

Detailed findings

Background to this inspection

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

The inspection was carried out on 16 February 2017 by a lead CQC inspector and a dental specialist advisor.

During the inspection we spoke with one dentist, two dental nurses, the hygienist and the practice manager. We

looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records. We reviewed 48 CQC comments cards during the inspection.

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 appropriate incident reporting systems in place and an accident book for staff to complete when something went wrong. Staff demonstrated good awareness of how to act on incidents that may occur.

Staff we spoke with had a good understanding of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

Staff knew the principles of Duty of Candour when prompted. We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

We reviewed the training records of staff at the practice. We noted that some staff members had not attended recent safeguarding training. The provider sent us evidence following the inspection that all staff had completed appropriate safeguarding training. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect and how to raise a concern.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice had rubber dam kits available for use in line with the current guidance. We were told that rubber dam kits were always used. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

The provider told us that checks were made to ensure that the equipment and emergency medicines were safe to use. However, these were visual checks and had not been recorded. This was brought to the attention of the practice manager who actioned this immediately. The expiry dates of medicines and equipment were monitored regularly.

Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment. Staff told us that medical emergency training scenarios were practised regularly.

Staff recruitment

The practice told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out. The Disclosure and Barring Service 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.

The practice had an effective system in place for the recruitment of new staff which included seeking references, checking qualifications and professional registration. We found that recruitment records contained the required recruitment documentation such as proof of identification, CV, references and proof of professional registration.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies and had a health and safety policy in place. The practice had a log of risk assessments such as radiation, hazardous substances and fire. The assessments included the measures which had been put into place to

Are services safe?

manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situations which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was tested weekly. We reviewed documents which showed that emergency lighting and fire extinguishers were checked regularly. A full fire risk assessment had been undertaken in 2011. We were informed that a full fire risk assessment had been carried out the day after our inspection. Records showed that general fire checks were carried out regularly. Records showed that staff had attended in-house fire training. We saw that the fire evacuation procedure was clearly posted in areas throughout the practice. Fire exit notices were clearly displayed. We were told that fire drills took place annually. Records showed that the most recent fire drill had taken place in 2016.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. Treatment rooms were visibly tidy and free from clutter. A cleaner was employed to carry out the environmental cleaning of the premises alongside staff on a daily basis. Environmental cleaning schedules reflected this. The environmental cleaning followed national colour coding scheme on the cleaning of health care premises. There were designated hand wash basins in each treatment room. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in treatment room drawers.

The practice carried out the decontamination of instruments in a separate sink in each surgery. The trainee dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore some personal and protective equipment (PPE) during the decontamination process, such as a visor and disposable gloves. However, they did not wear an apron or use heavy duty gloves. Dirty instruments were washed and rinsed prior to being placed into an autoclave. An autoclave is a device for sterilising dental and medical instruments. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages. However, there was no thermometer available for checking the temperature of the water. This was brought to the attention of the practice manager who told us that this would be actioned immediately. The practice sent us evidence following the inspection that thermometers had been purchased to check the temperature of the sink water in each surgery.

We also observed that dirty instruments were manually scrubbed at chest level and were not immersed in the water. This could have created an aerosol and increased the potential risk of cross-infection. A second dental nurse told us that the tips of the instruments would be immersed in the water to be scrubbed. This was not consistent with the practice's policy on the decontamination of instruments which was in-line with national guidelines. The policy stated that the correct procedure for staff to follow would be to fully immerse dirty instruments in water whilst manually scrubbing. This was brought to the attention of the practice manager. They assured us that the decontamination policy would be re-visited with staff at the next team meeting and current practice would be changed in-line with national guidelines. We were sent evidence following the inspection that the dental nurses had each completed certifiable online courses in the manual cleaning process, decontamination of dental instruments and use of personal protective equipment. We were sent evidence in the form of photographs following the inspection that staff were scrubbing instruments immersed in newly purchased bowls and were wearing aprons and heavy duty gloves.

We saw a clear separation of dirty and clean areas in each surgery using yellow tape. There were adequate supplies of PPE such as face visors, aprons and gloves. Posters about

Are services safe?

good hand hygiene were displayed to support staff in following practice procedures. The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in case they incurred such an injury. This involved a referral to a local Occupational Health department. However, when asked, staff were not clear on the process to follow and there was no flowchart on display. This was brought to the attention of the practice manager, who told us this was kept in the staff folder and that it would be put on display immediately.

Dental nurses told us that they did not handle sharps. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety (Sharps Instruments in Healthcare) Regulations (2013).

Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place. There were sufficient instruments available to ensure that services provided to patients were uninterrupted.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified, and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice had carried out an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with HTM01-05 within the last six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed that action points had been identified and achieved as a result of the most recent audit.

The practice had a record of staff immunisation status with regards to Hepatitis B in staff recruitment records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood. However, one member of staff did not have their Hepatitis B record on file. This was sent to us following the inspection.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, extracted teeth and gypsum.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included the testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. We noted that there was no thermometer to record the temperature of the medicines fridge. We were told that this would be addressed immediately.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor (RPS) and the necessary records relating to the X-ray equipment. These were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed in the treatment rooms. The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required in order to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the

Are services safe?

dimensions of the controlled area around the patient and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely.

The practice had carried out an annual X-ray audit for each dentist within the last year. We saw evidence that the dentists recorded the reasons for taking X-rays and that the

images were checked for quality and accuracy. We were shown the current training certificates for the dentists which demonstrated that they were up to date with IR(ME)R training requirements. One of the dentists IR(ME)R certificates was not available on the day of inspection and was sent to us following the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. We found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the care given to patients. We asked one of the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the dentists were adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. The waiting area and surgeries contained written literature regarding effective dental hygiene and how to reduce the risk of poor dental health. The hygienist described the methods and tools that were used to encourage good oral hygiene with each patient, such as promoting a good brushing technique.

Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. The dental care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

Staffing

East Mews had three dentists, four dental nurses (one of whom was a trainee), two hygienists and two receptionists. The team were supported by a practice manager.

Records showed that staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included child and adult safeguarding and basic life support. We looked at the individual training records of various members of staff at the practice which demonstrated that most of the staff had attended appropriate training and were up to date. Staff attended internal training, online courses and used team meetings to share learning and knowledge. We received some further training certificates for staff members who were not up to date in some areas following the inspection, such as safeguarding and infection control.

Records showed that there was an effective appraisal system in place at the practice which was used to identify training and development needs. All staff had received a formal appraisal within the last year. Staff attended regular team meetings. New members of staff received an appropriate induction programme when they joined the practice.

Staff recruitment records contained details of current registration with the GDC and the practice manager monitored that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities. They told us they had access to the practice policies and procedures and were supported to attend training courses appropriate to the work they performed.

The feedback we received from patients from the comments cards and information obtained on the day reflected that patients had confidence and trust in the clinical team.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to local hospitals and specialist dental services for further investigations. The

Are services effective?

(for example, treatment is effective)

practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

One of the dentists described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's dental care records which indicated that valid consent had been obtained for treatment at the practice. We saw evidence that the dentists explained individual treatment options, risks, benefits and costs with patients. Clear information on any costs of treatment was displayed in the patient waiting area.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good understanding of the MCA and the importance of assessing each situation individually. Staff had not attended formal MCA training. This was brought to the attention of the practice manager who told us that this would be arranged.

Staff were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. Patients were positive about the care they received and commented that they were treated with care and respect.

The practice had effective systems in place to gain the comments and views of people who used the service. The practice had carried out a patient satisfaction survey in 2016 which highlighted that patients would recommend the practice. The survey, which was completed by 295 patients, showed that 225 patients were extremely likely to recommend the practice, 61 patients were likely to recommend the practice, seven were neutral and two were unlikely to recommend. Another patient survey for each dentist from 2016/17 showed no area of concern from patients. Patients commented that the care was good and the dentists took their time. As a result of patient feedback, the practice manager had installed a handle on the stairs as an aid to patients.

During our inspection we observed that staff showed a friendly and attentive approach towards patients. All patients were recognised and greeted at reception on arrival. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' dental care records were stored in password protected computers. The reception computer screen was not visible to patients. Paper records were stored in a lockable room. Treatment doors were kept closed so that patients' privacy was maintained. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making where this was relevant.

Patients were informed of the range of treatments available on the practice website and in the patient information leaflet. We saw that prices of NHS and private treatments were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and in the patient information leaflet. The patient information leaflet contained additional information about the practice such as opening times and emergency out of hours' information. We saw that there was information for patients regarding how to make a complaint in the waiting area.

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointments were made available to patients on the same day for the dentists to accommodate urgent or emergency appointments. Patients commented on the ease of getting an emergency appointment in the comments cards we received.

Staff told us the appointment system gave them sufficient time to meet patient's needs. 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.

Tackling inequity and promoting equality

The practice was contained on the first floor of the premises. The practice was not accessible to patients who could not use stairs. Staff told us that such cases, patients would be referred to an accessible practice in the local area. Staff told us that patients with mobility impairments and parents/carers using prams were supported as much as possible when visiting the practice. The patient toilet was located near to the waiting area. There was parking in a public car park near to the practice.

Staff knew their patient population well and would make any necessary arrangements for patients who required a

chaperone or for whom English was not the first language. We asked staff to explain how they would communicate with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services.

Access to the service

The practice was open Monday to Friday from 8.15am to 5.00pm and on one Saturday per month from 9.00am to 3.00pm.

Information regarding the opening hours was available in the patient information leaflet. The practice answer phone message and the patient information leaflet provided information on how to access out of hours treatment. Appointments were available on the same day so that the practice could respond to patients in pain.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received no complaints within the last 12 months. The staff members we spoke with demonstrated a good awareness of the actions that would be taken and how complaints should be acknowledged, investigated and responded to in an appropriate way. Staff were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was available in the waiting area and in the patient information leaflet. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to infection control, record keeping, waiting times and radiographs. Action plans had been identified as a result of the audits and the results were shared and discussed with other members of the team.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures that had been put into place to manage those risks.

The practice undertook monthly meetings involving all of the staff at the practice and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff told us they were kept informed of any changes and updates. They told us that the practice manager adopted an open and transparent approach at the practice. We reviewed records of a recent staff meeting which demonstrated that staff were provided with up to date information. Records showed that topics such as patient feedback, infection control and health and safety had been discussed with staff.

Staff we spoke with described the practice culture as friendly and open. They told us that they felt valued and supported and were committed to the practice's progress

and development. The team appeared to work effectively together and there was a friendly and relaxed atmosphere. Staff demonstrated an awareness of the practice's purpose and were proud of their work.

The practice manager was highly visible within the practice and had a positive approach towards supporting staff. They discussed how staff concerns would be dealt with effectively and the process which would be followed. The practice manager told us that staff would be fully supported throughout the process.

Management lead through learning and improvement

The practice manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All of the clinical staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had an effective system in place to seek feedback from patients using the service. The results were analysed and compared with previous results. There was evidence that changes and improvements had been put into place as a result of patients' feedback, such as improving the practice environment for patients. Staff told us that issues were discussed with patients and suggestions would always be implemented if possible.

The practice manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the practice manager and the rest of the team and that these were always listened to and acted upon.