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Riversdale Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Riversdale Dental Practice is a private dental practice that provides dental services for approximately 1,500 patients

in the Gainsborough area of Lincolnshire. The practice is situated close to the town centre with parking available on the street outside. The practice is in a building that has been adapted for the purpose of dentistry and has a waiting room in the reception area and two treatment rooms. The waiting area has sofas and four high back chairs with arm rests to enable ease of use for those with limited mobility. There are two treatment rooms on the ground floor although only one is used as a treatment room, the other is used as a decontamination room. There is a toilet that the public are able to use however it is on the first floor and would not be accessible to those patients in a wheelchair or those with limited mobility. Other areas that are used on the upper floors are for staff only. The building is accessed from the street and there is a ramp and handrail to the main entrance to enable patients with limited mobility, wheelchair access, or pushchairs access to the practice.

Two dentists work part time alongside a full time dental nurse and a full time receptionist.

The principal dentist is the owner and registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, 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.

Summary of findings

The practice provides private dental treatment to adults and children. The practice is open Monday to Friday from 9am and closes at 5pm other than Wednesday when it closes at 1pm. The practice closes for lunch from 1pm until 2pm.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 47 patients about the services provided. The feedback reflected highly positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic and that it was caring and friendly. They said that they found the staff offered an efficient and professional service. They said that staff were caring, helpful and friendly. Patients said that explanations about their treatment were clear and that they were given time to ask questions. Much of the feedback was in relation to patients who were nervous and they commented how the staff were understanding and patient; they were made to feel at ease.

Our key findings were:

- There was a process in place for reporting and learning from incidents, accidents and near misses.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.

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

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- 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 and conduct documented infection control audits every six months.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review policies and procedures annually to make sure information is relevant and up to date.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and incidents.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments.

However they had not carried out infection control audits six monthly in line with national guidance.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them were discussed.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

Staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The provider was aware of the assessment of Gillick competency in young patients. The Gillick competency 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?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Dental care records were paper records which were held securely in an area that was locked when not attended. Patients provided wholly positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patient's feedback told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients seen within 24 hours where necessary.

Are services responsive to people's needs?

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

Summary of findings

The practice was well equipped for the care provided. The practice was accessible for people that used a wheelchair or those patients with limited mobility however they could not access all areas. The practice had a process in place for patients that were in wheelchairs; they would be booked into an appointment at 2pm where suitable and would not need to go to the reception area. Instead they would go straight into the treatment room.

The practice had a suggestion box in the waiting area where patients could complete a form to feedback their concerns or praise.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care. The practice had a number of policies and procedures to govern activity although they were not reviewed regularly. There were systems in place to monitor and improve quality and identify risk such as regular clinical and non clinical audits taking place.

Staff were supported to maintain their professional development and skills. Appraisals had not been formally documented and were done on a more informal basis. The provider said that they would formalise the appraisals for the future.

Riversdale Dental Practice

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 took place on 14 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the provider, dentist, dental nurse and receptionist and reviewed policies, procedures and other documents. We reviewed 47 comment cards that we had left prior to the inspection for patients to complete; about the services provided at the practice and spoke with one patient.

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 procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from incidents and accidents. There were forms available for staff to complete which included actions to prevent reoccurrence and learning. There had been incidents reported however these had not been dated. Following the inspection we were forwarded a copy of the new reporting forms that included the date of incident.

There was an accident book where staff would record accidents such as needle stick injuries. There had been accidents reported, the last in 2012. The incident had been investigated and appropriate steps had been taken. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the provider if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had received one complaint in the last 12 months. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated; outcomes and lessons learned would be shared at a practice meeting with all staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception and in the waiting area for reporting any concerns in relation to safeguarding of children or adults including telephone numbers. From records viewed we saw that staff at the practice had completed training in safeguarding adults and children applicable to their roles. The provider was the lead

for safeguarding they provided support and advice to staff, they also oversaw safeguarding procedures within the practice. There had been no safeguarding concerns that required reporting at the practice.

We spoke to the provider about root canal treatment and we were told that it was carried out where practically possible using a rubber dam. (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 work).

The practice had an up to date employer's liability insurance certificate which was due for renewal September 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

There were arrangements in place to deal with medical emergencies at the practice. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates were monitored by the practice using a monthly check sheet. We were told that the equipment including the oxygen were also checked and there were records to confirm this. The practice did not have an automated external defibrillator (AED), which 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. The practice had assessed this risk and had arrangements in place to call 999 and then for a staff member to go to the library which was approximately two minutes away as they had an AED. The library was open at the times the practice was open. The practice had ensured that all staff knew where to access the equipment and had all visited the library to familiarise themselves. The practice had access to oxygen along with other related items such as manual breathing aids however there were no child sized face masks or portable suction in line with the Resuscitation Council UK guidelines. We were told that these items would be ordered by the provider. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support.

Staff recruitment

Are services safe?

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. The practice had a recruitment policy which described the process when employing new staff which included proof of their identity checks and checking staffs skills and qualifications and registration with professional bodies where relevant. We saw that all staff members had a Disclosure and Barring Service check in place. These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff that would be recorded in the recruitment files.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice had a Control of Substances Hazardous to Health (COSHH) file however there were no separate sheets detailed for items used in practice other than a general risk assessment. We spoke with the provider about this and we were told that the practice would set up a folder and ensure that there was a safety information sheet obtained and placed in the folder for each item. The practice had carried out risk assessments including fire safety, health and safety and legionella. Not all of these were dated so we were unsure if they had been reviewed or when they were due for a review. The fire risk assessment was completed in 2012 and did not show any review. We spoke to the provider who told us that all the risk assessments would be completed again and dated to ensure that these were relevant and robust. The provider forwarded the relevant documents and dates of when updated risk assessments were booked to be completed by relevant agencies.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance

with current guidelines. This helped to ensure that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. We saw records that confirmed this. The fire equipment was checked by an external company and last checked in June 2015.

Systems, policies and procedures were in place to manage risks at the practice however most of these had not been reviewed annually. Some of the policies and procedures were written in 2011 and had not been reviewed until February 2016 whilst others were not dated. The practice did not have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. We spoke with the provider in relation to this and we were sent a business continuity plan soon after the inspection. This detailed action to take and also telephone numbers for contacting such as plumber, locksmith and other tradesmen. The practice had arrangements to locate to another practice if necessary.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The dental nurse was responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had completed infection control audits however these were not documented and when we spoke to them about this we were told that one would be completed. The practice forwarded an audit that had been completed the day after our inspection and we were told this would now be conducted every six months.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment room and the decontamination room.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used sharps bins (secure bins for the disposal of needles,

Are services safe?

blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. The decontamination room; which was in a treatment room that was no longer in use, had dirty and clean zones in operation to reduce the risk of cross contamination however these were not highlighted as such. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw that the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. All the equipment had been regularly serviced and maintained in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Files reflected staffs' Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Equipment checks were being completed where relevant and service agreements were in place were required. Portable appliance testing had been carried out in March 2016 by a qualified engineer. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were located in the rooms where X-rays were carried out.

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. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance for this equipment was completed at the recommended intervals.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The provider 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 provider used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The risk factors which the dentist took into account were dental decay, gum disease and tooth wear. These risk factors were documented and also discussed with the patient.

During the course of our inspection we discussed general patient care with the provider and checked dental care records to confirm the findings. Clinical records were not comprehensive and did not always document treatment options discussed and medical history updated. We spoke with the dentists and were told that these things were discussed with all patients however they agreed that the recording could be improved for example details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records did not show that patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were not always updated by each patient every time they attended for treatment. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the

Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed did not always demonstrate that clinical staff had given oral health advice to patients however from discussions with the dentists we felt assured that this was taking place. The reception area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of two part time dentists, a full time dental nurse and a full time receptionist. The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake 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. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice did not have formal procedures for appraising staff performance. As the team were small the discussions were done more on an ad hoc informal basis. The provider said that they would be formulating the appraisals that were currently taking place. We observed a friendly atmosphere at the practice. Staff told us that the provider was supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way. The dental nurse kept a log of referrals in a day book and referrals were also logged on dental care records.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and verbal consent was received and recorded. The provider was also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The reception desk was in the waiting area and there was also music playing to assist with confidentiality. Dental care records were in a room behind reception that was secure and could not be accessed by patients. This helped to ensure patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients within hearing distance and to maintain confidentiality a separate area could be used for personal discussions.

A data protection and confidentiality policy was in place. This policy 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. Staff were aware of the need to store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 47 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was good. Patients commented that treatment was explained clearly and that they felt comfortable and at ease. They said that staff were friendly and helpful and that a professional service was provided. They also said that the reception staff were always polite and caring. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing costs to private plans was displayed in the waiting area. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflets and complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours. Two daily appointments were available for emergency patients during the normal practice opening hours.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. However a disability audit had not taken place looking at the access to the practice and assessing if any improvements could be made. There was access into the building via a ramp at the main entrance however wheelchairs were not able to fit down the corridor to the reception and waiting area but there were plans and procedures in place for this. The practice had a system in place for their patients in wheelchairs as the corridor to the reception was too narrow these patients were always given a time so that they would go straight into the treatment room without needing to go to reception, this was normally at 2pm which was the first appointment after lunch.

The practice had access to a translation service if they required one. Patient toilet facilities were on the first floor and therefore not accessible to those patients in a wheelchair. We spoke with the provider about this and it had not been an issue for patients.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. We were shown that emergency slots were kept each day for those patients that were in pain and that patients would be seen within 24 hours if necessary.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback mostly confirmed that they were happy with the availability of routine and emergency appointments.

The practice opened Monday to Friday from 9am to 5pm other than Wednesday when it closed at 1pm. The practice closed for lunch from 1pm until 2pm.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice had received one complaint which had been responded to and we were told that if there was any learning from a complaint this would be discussed at practice meetings. Information for patients about how to make a complaint was seen in the practice leaflet and a poster in reception.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a signing sheet that all staff had completed to say that they had read and understood the policies and procedures and most policies had recently been reviewed in February 2016. However they had not been reviewed previously to that since 2011. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to if they did raise a concern. Staff told us they enjoyed their work and were well supported.

It was apparent through our discussions with the staff that the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

Staff told us that as they were such a small team meetings were more informal and there were daily discussions that they had not documented. The practice said that they would put into place a book so that they could record actions and discussions for staff that were not present and to ensure that actions were completed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning.

We found that clinical and non-clinical audits were taking place at the practice including record keeping and X-ray quality. We saw that results from audits were looked at and commented on and if necessary actions would be implemented.

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

Staff told us that patients could give feedback at any time they visited. The practice had a suggestion box and also received feedback from the private dental plan provider if patients cancelled their plan.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed with the team.

Staff told us they felt valued and were proud to be part of the team.