

The London Road Dental Practice Partnership

The London Road Dental Practice - Sheffield

Inspection Report

240-242 London Road
Sheffield
South Yorkshire
S2 4LW
Tel: 0114 2550444
Website: www.mydentist.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 28 September 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

The London Road Dental Practice-Sheffield is situated close to Sheffield city centre. 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. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has five surgeries, a decontamination room, an X-ray room, two waiting areas and a reception area.

There are five dentists, a locum dentist currently covering maternity leave, a dental hygienist, six dental nurses, two receptionists and a practice manager.

The opening hours are Monday, Wednesday and Thursday 9-00am to 5-15pm, Tuesday 9-00am to 7-15pm and Friday 9-00am to 5-00pm.

The practice manager 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.

During the inspection we spoke with three patients who used the service and reviewed two completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

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.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- 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 provider could make improvements and should:

- Take action to repair the damage to upholstery of the chair which the dentist sits on in surgery 5.
- Repair or replace the lock on the clinical waste bin outside.
- Improve the process for the safe storage of certificates relating to the servicing of equipment.
- Make sure that all audits have action plans documented.

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). We reviewed two incidents which had occurred in the last year and found that these had been documented, investigated and reflected upon by the practice.

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

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment 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.

There was minor damage to the upholstery of the chair which the dentist sits on in surgery 5 which should be rectified.

The lock on one of the clinical waste bins outside was broken and should be fixed.

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 their 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 two completed CQC comments cards and spoke with three 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 observed that reception staff were always very helpful and friendly.

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

Summary of findings

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.

Are services responsive to people's needs?

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

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

The practice had emergency appointment slots available each day. Patients commented that they were able to access emergency appointments when required. There were clear instructions available for patients who required emergency treatment outside opening hours.

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 manager was responsible for the day to day running of the practice and they were supported by a local area manager.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, the most recent X-ray audits did not have documented action plans.

They regularly undertook 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.

The London Road Dental Practice - Sheffield

Detailed findings

Background to this inspection

This announced inspection was carried out on 28 September 2015 by a dentally qualified CQC inspector.

We informed the local NHS England area team and Healthwatch Sheffield 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 three dentists, two dental nurses, a receptionist and the practice manager. 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 a clear and effective process of how to report incidents. Staff were fully aware of this process. We saw evidence that incidents were documented, investigated and reflected on by the practice. Significant event details were forwarded to the Integrated Dental Holdings (IDH) national office for further analysis and recording. IDH are an umbrella company for several dental practices in England and are ultimately responsible for the running of the practices. A copy of the significant event was also stored at the practice to ensure that trends of incidents were not developing. We saw evidence of two incidents which had occurred in the previous 12 months and these had been documented, investigated, reflected on and action had taken to prevent this happening again. The practice also received quarterly health and safety reviews from IDH which included incidents which have occurred at other practices within the group. These reviews were discussed at staff meetings and had led to improvements being made to prevent these incidents occurring at the practice.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There was reference to this in the practice health and safety policy. The practice responded to patient safety alerts issued from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

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. All staff had access to contact details for both child protection and adult safeguarding teams.

We discussed with the practice manager a recent safeguarding event which had occurred and noted this had been dealt with in line with their child safeguarding policy.

The practice manager was the safeguarding lead and all staff had received safeguarding training within the last 12 months. Staff were aware of the different types and signs of abuse and felt confident about raising any concerns with the safeguarding lead.

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 was used during root canal procedures. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the operating field to increase the efficacy of the treatment and protect the patients' airway.

Medical emergencies

The practice had a well-structured policy 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). The emergency resuscitation kits, oxygen and emergency medicines were stored behind the reception desk and was easily accessible for staff working in any of the treatment rooms. There was also another oxygen cylinder in an upstairs treatment room. 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 daily checks were carried out to ensure the equipment and emergency medicines were 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 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. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly

Are services safe?

employed staff. 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. We reviewed records of staff recruitment and these showed that all checks were in place.

All qualified clinical staff at this practice were 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.

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 their blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. This included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance on 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. During the inspection we noted that the upholstery on the chair which the dentist sits on in surgery 5 was torn meaning that it could not be effectively cleaned. This was brought to the attention of the practice manager who told us that this would be rectified.

Hand washing facilities were available 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 containers for disposal by a registered waste carrier and appropriate documentation retained. We noted that on one of the clinical waste bins the lock had broken meaning that the practice could not ensure that clinical waste was securely stored. This was brought to the attention of the practice manager who told us that this would be addressed.

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 a washer disinfectant machine to decontaminate dirty instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore PPE during the process and these included disposable gloves, aprons and protective eye wear.

Are services safe?

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 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 and any issues which had been identified had been addressed.

Records showed a risk assessment process for Legionella had been carried out in September 2015. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. The practice also used a water conditioning agent in the dental unit water lines to prevent Legionella developing and undertook tests on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, the washer disinfectant 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 autoclaves and the compressor. However, there was no certificate for the servicing of the washer disinfectant. We were assured that the washer disinfectant was serviced at the same time as the autoclaves (in December 2014) and that the certificate must have been misplaced at the head office. 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. Prescription pads were kept in a locked cabinet when the practice was closed. All prescriptions provided to patients were logged to enable the practice to audit and monitor prescribing activity.

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 all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits were carried out on an annual basis. This showed that X-rays which had been taken were generally of an acceptable quality. However, the most recent audits which had been undertaken did not have any documented action plans. This was brought to the attention of the practice manager who told us that these would be done and then discussed with the individual dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. 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 and also discussed with the patient.

We reviewed information recorded in 15 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.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. 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.

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. Justification for the taking of an X-ray and a detailed report was generally recorded in the patient's care record.

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. Where 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 and dietary advice. There were health promotion leaflets available in the waiting room and surgeries to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff confirmed they had been fully supported during their induction programme. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists.

Staff told us they had good access to on-going training (as part of the IDH training academy) 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 clinical staff and we saw evidence of on-going CPD. Mandatory training included immediate life support and infection prevention and control.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice.

Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

Working with other services

Are services effective?

(for example, treatment is effective)

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 in line with current NICE guidelines. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A log of any referral letter which had been was documented in the patient's electronic records. Upon receiving a response letter this was viewed by the referring clinician and any relevant details were added to the patient's electronic records. The letter was also stored in the patient's paper record card.

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.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 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. We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, 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

Patients' care records were stored electronically; password protected and regularly backed up to secure storage systems. The paper part of the care records were stored in lockable 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. During the inspection we saw that a dentist had drawn a diagram to demonstrate a procedure. The dentist told us that they felt it helped the patient better understand the procedure. Staff had received training in the Mental Capacity Act (MCA) 2005.

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 in the waiting room and on the practice website. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. The practice also had a sit and wait service for emergency patients where the emergency slots had been taken for that day. Patients confirmed they had good access to routine and urgent appointments.

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. The practice recognised the needs of different groups in the planning of its services. The practice had undertaken a disability access audit in 2010 and we saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment and a movable ramp to access the building.

The practice had two treatment rooms on the ground of the premises which were large enough to accommodate a wheelchair or pram. However, there were no ground floor toilet facilities. We were told that patients were informed of the issues with regards to access to the building and the lack of ground floor toilet facilities. If patients felt that these would be an issue then they would be signposted to a local branch surgery which was fully accessible for disabled patients.

Access to the service

The practice displayed its opening hours in the premises, on the practice website and in the practice leaflet. 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. Where 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. 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, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice used the IDH computer system "clarity" for logging and following up complaints. This system documented all correspondence including telephone calls which had occurred with the complainant.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room. We reviewed two complaints 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.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and infection control.

There were a range of policies and procedures in use at the practice. The practice held monthly staff meetings involving all staff where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

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.

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.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were 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. All staff were aware of who to raise

any issue with and told us that the practice manager or practice supervisor were 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 ethos.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, patient records and X-ray quality. However, when we looked at the most recent X-ray audit undertaken there was no action plan documented. This was brought to the attention of the practice manager who told us that these would be done. Audit results were discussed at the monthly practice meetings and also with the individual dentists.

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

Patients and staff told us that they felt engaged and involved at the practice both informally and formally. Staff told us their views were sought and listened to. The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out a text message survey for patients who had finished a course of treatment. The most recent results of the text message survey indicated a high level of patient satisfaction. The practice also conducted the NHS Family and Friends Test.