Mr Andrew Fordy

Appletree Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection at Appletree Practice on 15 July 2015. Appletree Practice is a general dental practice situated close to the centre of Scarborough offering both NHS and private treatment to patients. The practice treats adults and children.

The ground floor premises consist of a reception area, a patient waiting area and a treatment room, which is accessible for patients with special mobility requirements. On the first floor there is another treatment room and a separate decontamination room. The general office is sited on the second floor along with a staff room with facilities.

The staff structure of the practice consists of one dentist, a practice manager (who is also a dental nurse), one dental nurse, one hygienist and one reception staff. The practice opening times are 8.30am to 5.30pm Monday, Tuesday and Thursday and 8.30am to 4.30pm Wednesday and Friday. The practice is closed from 12.30pm to 1.30pm every day.

The Dentist, Mr Fordy is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with two patients on the day of our inspection and reviewed eight comment cards. They were very positive about the care and treatment they had received. Patients felt the dentist took time to explain care and treatment options in a way they understood. Common themes were patients felt they received good care and staff provided a welcoming and caring service.

Our key findings were:

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

- There were effective systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines and was led by a proactive and forward thinking management team.
- At our visit, we observed staff were caring, compassionate, competent and put patients at their ease.

Summary of findings

- We spoke with two patients on the day of our visit and reviewed eight comments cards. Common themes were patients felt they received professional, caring and compassionate care in a very friendly and clean environment.

However, there were areas where the provider could make improvements, the provider should:

- Ensure domestic cleaning equipment is correctly stored to avoid the potential for cross contamination.

Ensure domestic cleaning cupboard is locked at all times when not in use and appropriate chemical warning signs are in place.

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 for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. We found the equipment used in the practice was well maintained in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. The staffing levels were safe for the provision of care and treatment.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. The practice provided evidence based dental care, which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs, including taking a medical history. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff understood the Mental Capacity Act (MCA) and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients we spoke with told us they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options, which included risks, benefits and costs. People with urgent dental needs or those in pain were responded to in a timely manner, often on the same day. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with passion about their work and were proud of what they did.

Are services responsive to people's needs?

We found that this practice was providing responsive care. The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. Patients we spoke with told us the practice staff were very responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. The practice handled complaints in an open and transparent and way and apologised when things went wrong. The complaints procedure was readily available for patients to read in the reception area.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The dental practice had effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and make improvements in procedures. Regular staff meetings took place and records were

Summary of findings

kept. The provider and practice manager were always approachable and the culture within the practice was open and transparent. Staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the practice manager. All staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Appletree Practice

Detailed findings

Background to this inspection

The inspection was carried out on 15 July 2015 by a CQC inspector and a dental specialist advisor.

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.

We asked the practice to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. On the day of our inspection, we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke to the practice owner who was also the provider and dentist; a dental nurse, the practice manager and the receptionist. We also spoke with two patients and reviewed eight comment cards.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place for reporting, recording and monitoring significant events or safety incidents. All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. We saw where any significant event had been recorded; there were documented details of the event, how learning was implemented and actions taken to reduce the risk of them happening again.

We reviewed the practice complaints system and noted that no patient complaints had been received over the past 12 months. There were clear complaints procedures available for staff to use in the event of a complaint being raised. The practice noted patient testimonials and shared these with the relevant staff.

National patient safety alerts were communicated via computer alerts to practice staff. We saw that alerts were discussed at practice meetings, to ensure that staff were aware of any relevant to the practice and where action needed to be taken. Medical history records were updated to reflect any issues resulting from the alerts.

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

Reliable safety systems and processes including safeguarding

There were policies and procedures in place to support staff to report safeguarding concerns to the named responsible person within the practice and to the local safeguarding team. Staff we spoke with demonstrated an understanding of adult and child safeguarding issues and the actions to take should they suspect anyone was at risk of harm. Staff were clear how they would access procedures and policies should they need to raise any concerns.

We saw evidence that all staff had received training relevant to their role for safeguarding adults and children.

The practice had also identified a nominated professional as the safeguarding lead. The nominated lead had completed training to allow them to carry out the role as safeguarding lead.

Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

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

Medical emergencies

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available, including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. All of the staff we spoke with knew how to react in urgent or emergency situations. However, when equipment was removed from the site for maintenance purposes, no arrangements were in place to ensure continuity of emergency equipment.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment was safe to use and emergency medicines were in date and suitable for use. All the medicines we checked were in date.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia (low blood sugar). However, we saw that the practice held stocks of Diazepam instead of Midazolam as defined by the British National Formulary (BNF) guidelines. The practice manager told us that they would review this immediately.

Are services safe?

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, incapacity of staff and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of an electricity company to contact if the electrical system failed. Staff we spoke with were aware of the practice business continuity arrangements and how to access the information they needed in the event of emergency situations.

Staff recruitment

Staff were able to share different tasks and workloads when the practice entered busy periods for patients. This meant they were able to respond to areas in the practice that were particularly busy or respond to busy periods. For example, reception support was increased at busy times and other staff completed administration tasks.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

There were effective recruitment and selection procedures in place. We reviewed the files for two staff members. Both files contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history, evidence of qualifications, questions and answers from interviews and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment. This included evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS). The DBS 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.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, sharps, medication and equipment. The practice also had a health and safety policy. Health and safety information was available to staff on the practice computer system.

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire marshals had been appointed, fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy, which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had 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)'. This document and the service's policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

Are services safe?

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the practice procedure for decontamination of instruments.

An autoclave was used to ensure instruments were sterilized ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. A vacuum type autoclave was used for sterilising implant and surgical equipment in line with guidance. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of, which was in line with guidance. We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared very clean and maintained to a high standard.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand wash poster was displayed near to sinks. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

Records showed a risk assessment for Legionella had recently been carried out. This process 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. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment, which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account of national guidance on colour coding cleaning equipment to minimise the risk of cross infection. The colour coding of cleaning equipment ensures that these items would not be used in multiple areas, therefore reducing the risk of cross-infection. However, during our visit we observed the possible risk of potential cross contamination due to how domestic equipment was stored. We also saw that the domestic cupboard was left unlocked. We discussed this with the practice manager and they attended to this immediately.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed, and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice, for example local anaesthetics. The documents and records we viewed were complete, provided an account of medicines used and prescribed, and demonstrated patients were given medicines appropriately. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely.

Radiography

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also

Are services safe?

looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the use of each X-ray machine was displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The justification for, findings and quality assurance of X-ray images taken, as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco were documented. These measures demonstrated to us a risk assessment process for oral disease.

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

Patients requiring specialised treatment such as conscious sedation were referred to other services that could provide this. Their treatment was monitored to ensure they received a satisfactory outcome and all necessary post procedure care. Patients we spoke with told us they were very satisfied with the assessments, explanations, quality of the dentistry and outcomes.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The practice asked new patients to complete a new patient health questionnaire, which included further information for health history, consent and data sharing guidance. If required the practice then invited patients in for consultation with one of the dentists for review.

Records showed patients were given advice appropriate to their individual needs for example; smoking cessation or diet advice.

Information displayed in the waiting area promoted good oral and general health. This included information on healthy eating, diabetes and tooth sensitivity.

Staffing

Practice staffing included clinical, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses for example; health and safety and infection control. All staff were up to date with their yearly continuing professional development (CPD) requirements and they were encouraged to maintain their CPD, to maintain their skill levels. Records of the number of hours CPD were being kept for clinical staff.

There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control.

There was an effective appraisal system in place which was used to identify training and development needs. Staff were able to relate to the induction and appraisal process during the course of our discussions with them.

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.

Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to their own practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved

Are services effective?

(for example, treatment is effective)

supporting the patient to identify a hospital of their choice. The referral was then dealt with centrally by the NHS to ensure that the most appropriate clinical pathway was followed.

Consent to care and treatment

We found that staff were generally aware of the Mental Capacity Act 2005, and their duties in fulfilling it. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Staff we spoke with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The practice ensured valid consent was obtained for all care and treatment. Staff confirmed 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 wanted. This was reflected in comment cards completed by patients and patients we spoke with.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with two patients on the day of our inspection and reviewed eight comment cards. The majority of comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of treatment rooms. Privacy was provided in treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm professional manner. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access a separate treatment room off the reception area if patients wished to discuss something with them in private or if they were anxious about anything. We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues and medication were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

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

Information leaflets gave information on a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, veneers, crowns and bridges was available in leaflets available in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback direct from patient suggestions. An example of this were suggestions to improve the appearance of the outside of the building.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available for consultations and then to prepare for the next patient.

Tackling inequity and promoting equality

Staff were knowledgeable about how to book interpreter services for patients where English was not their first language. Staff we spoke with and records we looked at confirmed that they had completed the training in equality.

The practice had recognised the needs of different groups in the planning of its services. Staff could access other support services, for example Age UK or the Alzheimer's Society for up to date information in order to support patients when needed.

Patients with disabilities and patients with pushchairs were able to access services on the ground floor of the building. The practice also had accessible toilets and baby changing facilities. Easy access was provided for entry into the building and we saw the treatment rooms were accessible for patients with limited mobility. There were no parking facilities for patients at the practice.

Access to the service

Appointments were available from 8.30am to 5.30pm Monday, Tuesday and Thursday and 8.30am to 4.30pm Wednesday and Friday. The practice did not currently offer Saturday appointments. Where treatment was urgent patients would be seen the same day if necessary. We looked at the appointment diary on the day of our visit and urgent appointment slots were available during the day if needed.

The majority of patients were generally satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Later appointments were available outside of school hours for children and young people. Longer appointment slots were available for vulnerable patients and those with mental health conditions.

We asked the receptionist how patients accessed care in an emergency outside of normal opening hours. We were informed that an answer phone message detailed how to access out of hours emergency treatment via the NHS dental service.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for practices in England. There was a designated responsible person who handled all complaints, which was the practice manager.

We saw that information was available in the waiting area to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We reviewed the practice complaints and noted that no patient complaints had been received over the past 12 months. There were clear complaints procedures available for staff to use in the event of a complaint being raised. The practice noted patient testimonials and shared these with the relevant staff to ensure any positive feedback was recorded and actions taken to practice procedures as a result of this feedback.

Are services well-led?

Our findings

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice and in the staff handbook. We looked at these policies and procedures and staff we spoke with were able to clearly relate to policies and this indicated to us that they had read and understood them. All of the policies and procedures we looked at had been reviewed at required intervals.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a dental nurse for infection control and the practice owner was the lead for safeguarding. The practice manager was responsible for information governance and data protection.

We found a number of clinical and non-clinical audits had been undertaken by the practice. These included; infection control, X-ray quality, sharps, medication and treatment rooms. Where areas for improvement had been identified action had been taken. There was evidence that audits had been repeated and the audit cycle completed to confirm that improvements had been maintained.

We looked at patient records and oral health assessment audits. In particular they were checked to ensure that accurate medical histories had been recorded and to ensure that oral health assessments had been undertaken in line with published guidance. These audits had followed the guidelines for the Faculty of General Dental Practitioners (UK).

Leadership, openness and transparency

We saw from minutes of staff meetings that they were held regularly, on a monthly basis. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings and at any time; with the provider or practice manager without fear of discrimination.

The practice manager had responsibility for HR management across the practice. We reviewed a number of documents, for example, induction policy, training and management of sickness, which were in place to support staff. We saw that these were easy to understand. We were shown the staff handbook that was available to all staff, which included policy sections on areas such as disciplinary and harassment at work.

All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that an annual appraisal took place, which included a personal development plan. Staff told us the practice was supportive of training and we saw evidence to confirm this.

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role

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

The practice had gathered feedback from patients through patient surveys and comments received. We saw that following comments received, regarding the path from the pavement to the front door needing refurbishment it was in the process of being re done.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice noted patient testimonials and shared these with the relevant staff to ensure any positive feedback was recorded and actions taken to practice procedures as a result of this feedback.