Care Quality Commission

Ffolliott Bird Associates Limited

Thurnscoe Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of Thurnscoe Dental Centre on the 18 June 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 not providing safe services in accordance with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are services effective?

We found that this practice was providing effective services 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.

Thurnscoe Dental Centre provides dental services for NHS and a small number of private patients. The service is provided by six associate dentists who are supported by a practice manager, a practice support manager, seven dual role dental nurses/receptionists, one dental therapist and a trainee dental nurse. The centre is located within a converted building which offers disabled access to the ground floor waiting area and one of the three surgeries. The centre is located centrally within the village of Thurnscoe close to local amenities and bus services. Opening hours are Monday and Tuesday 9am to 6pm, Wednesday to Friday 9am to 5pm.

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'. 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.

On the day of inspection we spoke with three patients who used the service and reviewed 25 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very positive about the care and treatment they received at the

Summary of findings

practice. They told us they were involved in all aspects of their care and found the staff to be friendly, helpful, caring and they were always treated with dignity and respect.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles. Information of care and treatment options and support was available to patients, for example information of the cost of treatment.
- 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 they felt well supported and comfortable to raise concerns or make suggestions.

We identified regulations that were not being met and the provider must**:**

- The practice did not have effective systems in place for general cleanliness of the treatment rooms and environment. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). You can see full details of the regulations not being met at the end of this report.

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

- Ensure actions taken were recorded on the incident form.
- Ensure audit results were fully recorded.
- Ensure the safeguarding policies are localised to the practice such as contact details for both child protection and adult safeguarding teams.

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 not providing safe care in accordance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have effective systems in place for general cleanliness of the treatment rooms and environment. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff told us they felt confident about reporting incidents, accidents in line with theReporting of injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and they discussed the learning from them. We reviewed incidents that had taken place in the last 12 months and found the practice had not completed the action taken on one record. We spoke with the practice manager who explained in detail what action they had taken.

The practice had systems to assess and manage risks to patients, including for infection prevention and control, recruitment, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. There were clear guidelines regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

There staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks in line with their recruitment policy to ensure patient safety.

Are services effective?

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

Patients care and treatment was planned and delivered in line with evidence based guidelines, for example the National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the care and treatment they received. The practice kept detailed dental care records of treatment carried out and monitored any changes in the patient's medical and oral health.

Records showed patients were given health promotion advice appropriate to their individual oral health needs. Information was available to help patients understand the care and treatment options, such as treatment costs. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Patients told us they were supported to make decisions about their treatment.

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 observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 25 CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with kindness, respect and dignity while they received treatment.

Staff described to us how they 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, it was fully explained to them and they were listened to and not rushed.

Summary of findings

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how they managed complaints, for example patients were given an apology if an error was made.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility.

Are services well-led?

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

There were effective systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice carried out patient surveys, visit reports by the area manager and werelooking at introducing a patient feedback text message system. Regular practice meetings were held to support communication about the quality and safety of the service. We viewed the minutes of the meetings which showed that governance was discussed openly and poor practice was challenged.

Thurnscoe Dental Centre

Detailed findings

Background to this inspection

We inspected Thurnscoe Dental Centre on the 18 June 2015. The inspection team consisted of a lead inspector and a second inspector/specialist advisor.

We reviewed a range of information we held about the service for example NHS Choices website and notifications.

The methods that were used, for example talking to people using the service, interviewing staff, observations and review of documents.

During the inspection we toured the premises and spoke with two dentists, two dental nurses/receptionist, the practice support manager and the area manager.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We reviewed incidents that had taken place in the last 12 months and found the practice had not completed the action taken on one record. We spoke with the practice manager who explained what action they had taken. The practice support manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

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 a generic 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. However, the policies were not localised to the practice and staff did not have access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. The practice support manager discussed how the practice worked collaboratively with the appropriate authorities. There had not been any referrals to the local safeguarding team but they were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the managers.

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

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

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

Medical emergencies

The practice had a medical emergencies 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). Staff had received Cardiopulmonary resuscitation (CPR) training so they could identify and respond to medical emergencies. The practice had access to emergency resuscitation kits, oxygen and emergency medicines. 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 recruitment

The practice had a policy for the safe recruitment of staff. This included Disclosure and Barring Service (DBS) checks, full employment history, right to work in the UK, occupational health checks, professional registration and references. We saw evidence of this in two staff files. We reviewed the employment file for a newly appointed member of staff, we found appropriate recruitment checks had been made in line with the practice policy. The practice was waiting for the return of the DBS check and had an application identification number to confirm this.

The practice had a system in place for monitoring professional registration and medical indemnity.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. 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 for sharps, fire, and use of equipment. The assessments included the risks identified and actions taken.

Are services safe?

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.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included key contact numbers.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. The practice had a nominated infection control lead with appropriate knowledge and skills.

Staff received annual training in infection prevention and control. We saw evidence that staff were immunized against blood borne viruses such as Hepatitis B to ensure the safety of patients and staff.

During our inspection we conducted a tour of the treatment rooms. We found the flooring in the three treatment rooms was not well maintained. There was visible dirt, dust and debris around the base of the dental chairs and in the corners of the room. The flooring was not coved to the wall in some areas of the treatment rooms to prevent the accumulation of dust and dirt in the crevices. There were areas where the coving was not sealed to prevent effective cleaning. There were high levels of dust on the windowsills, dental stools and castors, a disposable wall mounted glove box, paper towel dispenser, wall mounted soap dispenser, one x-ray arm, computer and keyboard. There were covers on the keyboard in treatment room two, but there was a thick layer of dust present. Two dental chairs had visible damage to the seats. There were areas of dust around the dental hand piece cart in treatment room two and there was a stained ceiling tile. We discussed this with the area manager who acknowledged it was an issue.

Staff we spoke with 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. The practice employed a cleaner who was responsible for cleaning the floors in clinical areas. There was a cleaning schedule which identified and monitored areas to be cleaned. From our observations of the treatment rooms, we saw evidence that this had not been implemented and effective cleaning was not been undertaken.

In treatment room two we found a used toothbrush in a open clear packet stored with sterile equipment. The aspirator tube was sealed with grey tape which minimised the effectiveness of cleaning. We saw that the spittoon filter was unclean.

We observed the decontamination room to be clean and hygienic. Work surfaces were free from clutter. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were displayed in one treatment room to support staff in following practice procedures. We observed the majority of waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. In treatment room two we found extracted teeth containing amalgam were disposed of in a pot which was exclusively for non-amalgam teeth. Partly used composite capsules were stored and not disposed of after use.

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.

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The

Are services safe?

practice routinely used washer-disinfectant machines to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in May 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. An Infection Prevention Society audit was completed in June 2015 which showed improvements had been made.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (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.

Equipment and medicines

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

The practice had systems in place regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Prescription pads were stored in a locked safe in the store room which had a key code lock when they were not in use. Prescriptions were stamped only at the point of issue to maintain their safe use.

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. 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. We found there were suitable arrangements in place to ensure the safety of the equipment. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training.

We viewed the most recent X-ray audit undertaken in August 2014. We found the results had not been documented. This means that it is impossible to ensure that patients were not being subjected to further unnecessary X-rays. The practice support manager confirmed that this would be completed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic 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 National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed with the dentists the information recorded in six patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records 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 into their electronic dental care record. 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 Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. Records showed a diagnosis was discussed with the patient and treatment options explained.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were health promotion leaflets available in the practice to support patients to look after their general health.

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' (This 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, as appropriate, to receive fluoride applications to their teeth. Patients were given advice regarding maintaining good oral health and where required high fluoride treatments were prescribed.

Staffing

New staff to the practice had a period of induction which included online training, shadowing and familiarisation with the practices policies. Mandatory training included basic life support and infection prevention and control. Records showed staff had completed this in the last 12 months. Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development.

The practice manager and practice support manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Staff told us they had monthly supervisions and annual appraisals and we saw evidence of their appraisals.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. There were several information leaflets in each surgery specific to different types of

Are services effective?

(for example, treatment is effective)

treatment for patients to take home. 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.

The principles of the Mental Capacity Act (MCA) 2005 were displayed in the waiting area. Staff had received training in safeguarding which included MCA and they had access to the MCA and demonstrated understanding of the principles of the MCA and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began. 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 preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 25 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of inspection. Patients told us they were treated with kindness, dignity and respect whilst they received care and treatment. Staff we spoke with recognised the importance of providing patients with privacy, compassion and empathy. We observed positive interactions in the reception area and saw staff treated patients with kindness, warmth and respect. Staff could also provide examples of how they supported patients to cope emotionally with their care and treatment in a timely and appropriate manner. The CQC comment cards reviewed confirmed that patients were made to feel at ease. Patient's equality and human rights were being met.

The waiting area was adjacent to the reception desk and did not allow for complete patient privacy. Staff told us that a room was available if patients wished to have a private conversation. During our observations we noted that staff were discreet and confidential information was not discussed at reception. The practice also had a radio playing to provide background noise to support patient confidentiality.

Involvement in decisions about care and treatment

Patients we spoke with felt the dentists listened to them had an active interest in their views and always involved them in their care and treatment. Patients told us that the dentist drew diagrams to explain treatment processes and offered leaflets to assist their decision. Patients told us treatment options were provided and fully explained including the cost of treatment. Staff described to us how they involved patient's relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients confirmed that they never felt rushed in making a decision about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties had access to the practice and to a treatment room on the ground floor.

We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were reminded of their appointment by phone or by text. We observed patients were offered appointments at a time and date to suit them and patients we spoke with confirmed this. Patients told us that the practice was providing a service that met their needs, they were offered a choice of dentist and treatment options. Patients received care and treatment to suit them.

The practice regularly and actively sought the views of patients through patient feedback forms, online patient survey and NHS Choices to voice their concerns and needs. The area manager told us they were in the process of introducing a new system, whereby patients would receive a text message 24 hours after their treatment. This would allow patients to rate their care and experience on a scoring system of 1-5. The area manager also visited the practice on a monthly basis and prioritised speaking with patients to gather their views on the service.

Tackling inequity and promoting equality

The practice had an equal opportunities and dignity at work policy 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. 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. Wheelchair and pram access was possible through the front door and we observed staff assisting and supporting patients with limited mobility.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. Patients told us that they were rarely kept waiting for their appointment and they were informed if there was a delay. 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. Dentists allocated slots each day for emergency appointments. Patients we spoke with confirmed they received an emergency appointment on the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine and to NHS England in the patient information leaflet.

Concerns & complaints

The practice had an effective system in place for handling compliments, complaints and concerns. Information for patients about how to complain was available in the reception area. Patients we spoke with told us they didn't have any complaints but knew how to make a complaint should they need to. The practice had a complaints policy, corporate bulletins and specific complaints training for staff which provided them with clear guidance about how to handle a complaint. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint.

We looked at the complaints that had been received in the last 12 months. We found that the practice had taken action and implemented improvements as a result. We saw steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. The practice had also received six compliments which were fed back to the team. It was evident from these records that the practice was responsive, open and transparent in dealing with complaints.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of the British Dental Associations 'Good Practice' accreditation scheme (This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards).

The practice had good governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and health and safety. 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 notes, prescriptions, emergency drugs, health and safety and X-ray quality. Where areas for improvement had been identified action had been taken. There were a range of policies and procedures in use at the practice. The practice held regular meetings involving all staff where governance was discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities. The practice received support from the area manager, two clinical directors and a clinical support manager. The clinical support manager provided clinical support to the dentists by phone and also reported on the clinical aspects of the practice, such as a review of the audits.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident from discussions with staff and from records we reviewed. Staff told us the dentists and management team were approachable and supportive. Staff received a practice bulletin every two weeks which included practice incentives and brand values. The induction programme also included the practices values. The area manager provided enthusiastic leadership and the practice support manager spoke passionately about the practices vision and values which focussed on the patients journey.

There were good arrangements for sharing information across the practice including practice bulletins. Monthly practice meetings were held to discuss the quality and safety of the practice, including areas such as infection control, training, patient feedback and health and safety. Staff told us they could openly contribute and discuss how the practice could improve.

Management lead through learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice support manager told us there was a good system to support and develop staff. Staff were encouraged to access online mandatory and job specific training. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and complaints. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records and X-rays, and audits of infection control and record keeping. We looked at the audits and saw actions had been taken to resolve concerns and improvements made.

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

The practice had numerous systems in place to involve, seek and act upon feedback from patients and staff. This included patient surveys, feedback forms, practice support visit reports by the area manager and the text message system. The most recent patient survey in April 2015 showed a high level of satisfaction with the quality of the survey provided. Staff we spoke with provided us with an example of how the survey results had led to improvements, for example the refurbishment of the practice was brought forward. Staff we spoke with told us their views were sought and listened to in the delivery of the service. The area manager conducted practice support visit reports which included observations of staff and patient interactions, reviewing team development and if dentists discuss treatment options with patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Premises used by the service provider were not clean, Regulation 15 (1)(a)**