

Osborne Street Surgery Limited

The Osborne Street Dental Practice

Inspection Report

17-19 Osborne Street

Grimsby

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Overall summary

We carried out an announced comprehensive inspection on 22 December 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 Osborne Street Dental Practice is situated in Grimsby town centre. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatments and routine restorative dental care and dental implants. It also runs the out of hours emergency dental service for the local area. The appointments for the out of hours service are booked through an external call centre.

The practice has four surgeries, a decontamination room, two waiting areas and a reception area. There are three surgeries, the reception area and a waiting area on the ground floor and one surgery and another waiting area on the first floor.

There are five dentists, 11 dental nurses, two receptionists, a practice manager and an assistant manager. For the emergency out of hours service there are an additional five dentists, three dental nurses and a receptionist. The dentists and dental nurses work on a rota basis for the emergency out of hours service.

Summary of findings

The opening hours are Monday to Friday 9-00am to 5-00pm. The opening hours for the out of hours emergency service are Monday and Wednesday 5-00pm to 9-00pm, Tuesday, Thursday and Friday 6-00pm to 9-00pm and Saturday and Sunday 1-00pm 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'. 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 eight patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and tidy environment, informed of treatment options, were able to make appointments in a timely manner and were made to feel comfortable and relaxed.

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.
- 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:

- Document action plans for the clinical record audits.

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).

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

The staff were suitably qualified for their roles and the practice had undertaken the relevant 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.

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 dentists used markers in the dental 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 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 feedback from eight patients. 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 noted that reception staff were very helpful and friendly.

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

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.

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments 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 responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was fully accessible for those who have limited mobility.

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 used a computerised package to assist with clinical governance issues.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted 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 twice weekly morning meetings, monthly staff meetings and quarterly dentist meetings. These meetings were minuted for those unable to attend.

The Osborne Street Dental Practice

Detailed findings

Background to this inspection

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

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

During the inspection we reviewed feedback from eight patients, spoke with four dentists, three dental nurses, two

receptionists, the practice manager and the assistant 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 clear guidance for staff about how to report incidents and accidents. We saw evidence that a small number of accidents had occurred within the last year. These had been documented, investigated, appropriate action taken and was reflected upon. It used a computerised governance package to document significant events in order to keep a log of them. If patients were affected then they would be given an apology and informed of any action taken as a result.

The practice owner understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were discussed with staff at practice meetings and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding 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. Staff had access to contact details for both child and adult safeguarding teams. The practice manager was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. One member of staff discussed a safeguarding referral which had been made and this had been done in line with the practice's policy and procedures.

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

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

Medical emergencies

The practice had a policy and procedures 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). All emergency medications and equipment were in date. The emergency resuscitation kits, oxygen and emergency medicines were stored in the reception area. Staff knew where the emergency kits were kept. 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 weekly checks were carried out to ensure the equipment was 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 as a team 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 personnel 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 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

Are services safe?

A health and safety policy and risk assessment was in place at the practice. The practice conducted annual risk assessments of the practice to ensure that no new risks had developed. 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, risks associated with pregnant workers 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. This was reviewed on an annual basis. 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 its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products 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)'. 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. There was a cleaning schedule which identified and monitored areas to be cleaned. 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 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 safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The assistant manager also conducted monthly checks of the surgeries to ensure they were clean, tidy and the equipment and instruments were in good condition.

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 assistant manager showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfectant to clean the used instruments, examined them visually with an illuminated magnifying glass, and 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 PPE during the process and these included disposable gloves, aprons and protective eye wear.

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 in December 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.

Records showed a risk assessment process for Legionella had been carried out in October 2014 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to

Are services safe?

reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month, quarterly dip slide tests and using water conditioning agents in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves 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 autoclave and the compressor. Portable appliance testing (PAT) had been completed in May 2014 (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. Apart from emergency medicines and local anaesthetics no other medicines were kept on site.

Local anaesthetics were stored appropriately and batch numbers and expiry dates were recorded in the dental care records.

There was a whiteboard in the decontamination room where issues with equipment or instruments could be recorded by staff to ensure that the practice manager was aware of the issue and take action as necessary.

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

Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken by each individual dentist. The results of the most recent audit confirmed they were performing within the recommendations of the National Radiological Protection Board.

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 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 dentists 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 dental 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.

The practice used current guidelines and research in order to continually develop and improve its 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 recorded in the patient's care record. However, the dentists were conscious of the potential effects of radiation and took this into account when deciding if X-rays were warranted.

Records and discussions with patients showed a diagnosis was discussed with the patient and treatment options explained.

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. When 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 or dietary advice. There were health promotion leaflets available to support patients.

The practice also had displays in the waiting room describing hidden sugars in different foods and also a display relating to oral cancer awareness. There was also a television in the waiting room which had animations describing effective oral hygiene techniques including brushing and interdental cleaning.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the infection control procedures, showing the new staff member the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists. New members of staff were also encouraged to complete safeguarding training as part of their induction process. They also had regular meetings and observations during their probationary period.

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 (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

Are services effective?

(for example, treatment is effective)

on-going CPD. Mandatory training included immediate life support, infection control and health, safety and fire awareness. The practice organised in-house training for mandatory training to ensure it had been completed.

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 received regular 1-2-1 meetings with the practice manager to discuss performance and areas for improvements. Staff were also observed in surgery and performing decontamination procedures to ensure that appropriate standards were being met.

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. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice kept a detailed log of all referrals sent and when a response had been received. If a patient failed to attend an appointment at the hospital or specialist dental service then a receptionist would call the patient to make them aware of this.

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 received training in the principles of the Mental Capacity Act (MCA) 2005 and showed an understanding of the MCA 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. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. There was a sign in the reception area advising patients to wait to be called forward to the reception desk. This helped maintain confidentiality for patients speaking at the reception desk. We observed staff were 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' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the care records were locked in 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.

Patients were also informed of the range of treatments available and their cost in the practice information folder, on notices in the waiting area and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that registered patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day.

For the out of hours emergency service, unregistered patients were directed to a separate call centre. The patients would then be given an appointment time to attend the surgery. We were told that young children would be seen earlier on in the emergency out of hours session to avoid them having to stay up late.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. It was fully accessible for patients with limited mobility. There were three surgeries on the ground floor which were all large enough to accommodate a wheelchair or push chair. There was also accessible toilet facilities on the ground floor.

Several of the dentists were also multi-lingual and spoke languages including Spanish, Polish and Afrikaans. The practice also had access to a translation service for other languages.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday 9-00am to 5-00pm. The opening hours for the out of hours emergency service are Monday and Wednesday 5-00pm to 9-00pm, Tuesday, Thursday and Friday 6-00pm to 9-00pm and Saturday and Sunday 1-00pm to 5-00pm.

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. When treatment was urgent registered 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 emergency out of hours service conducted at the practice on the telephone answering machine. Details of the emergency out of hours service was also displayed on the practice's website and also in the waiting room.

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. Complaints were logged on the computerised governance package to keep an accurate record of any communication with the complainant.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints or concerns. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice were not able to provide a response in 10 working days then the complainant would be made aware of this.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. There were contact details of external organisations readily available for patients who were not satisfied with the response given by the practice.

We reviewed a selection of complaints which had been received in the past 12 months and these 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 were used to make improvements to the service. The practice had 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 infection control. 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. 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 twice weekly morning meetings, monthly staff meetings and quarterly dentist meetings where matters of governance could be 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 and the governance arrangements.

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 when we looked at the complaints they had received in the last 12 months.

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 whom to raise any issue with and told us that the practice manager was 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's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well. However, we identified that the clinical records did not have documented action plans. We were told that audit results were discussed at the quarterly dentist meetings and with the individual practitioner if necessary.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice held twice weekly morning meetings and monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. The results of the satisfaction survey were displayed in the waiting area.

The practice also undertook the NHS Friends and Family Test. The results of the Friends and Family were displayed in the waiting area.

There was also a comment box where patients could leave feedback about the service. We were told that as a result of feedback from a patient that the queuing sign in the reception area was implemented to improve patient confidentiality. Feedback from patients was displayed in the waiting area.