

Battle Road Dental Practice

Station Plaza Dental Practice

Inspection Report

Station Plaza Health Centre

Station Approach

Hastings

East Sussex

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Overall summary

We carried out an announced comprehensive inspection on 22 March 2017 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

Station Plaza is a general dental practice in Hastings, East Sussex, offering NHS and private dental treatment to adults and children. The practice also offers sedation services for patients who have been referred from other dental practices in the area. The practice is situated in the centre of Hastings.

The practice has three treatment rooms, a decontamination room for the cleaning and sterilising of instruments and a reception/waiting area. The main entrance to the practice is located on the fourth floor of the building which is accessed at ground level via a lift or stairs. There is a car park situated at basement level with allocated spaces for patients with a blue badge.

The practice is open Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 6.30pm, Tuesdays from 8.30am to 8.00pm and Saturdays from 9.00am to 1.00pm.

Station Plaza has two principal dentists, three associate dentists, 14 dental nurses (two of whom are trainees), one hygienist, six receptionists, an administrative manager and a clinical manager.

One of the principal dentists is also 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

Summary of findings

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.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 26 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were professional, caring and friendly.

Our key findings were:

- There were systems in place to reduce the risk and spread of infection. The practice was visibly clean and well maintained.
- There were systems in place to check all equipment had been serviced regularly, including the steriliser, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice had effective systems in place to gain the comments and views of people who used the service.
- Patients were satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff had received training appropriate to their roles and were supported in their professional development.
- We observed that staff showed a caring and attentive approach towards patients. All patients were recognised and greeted warmly on arrival at reception.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff told us they were proud of the practice and their team. Staff told us they felt well supported and were committed to providing a quality service to their patients.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Implement a robust system of providing fire training to all members of staff.
- Establish an effective process for the annual appraisal of all staff and review at appropriate intervals the training, learning and development needs of individual staff members.
- Review staff training to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 to assess and manage risks to patients. There were processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies. It was not clear that staff had completed in-house fire training as there was no signature sheet to demonstrate that the fire protocol for the practice had been read and understood by staff. Two members of staff were not up to date with AED use and basic life support training. This was brought to the attention of the clinical manager who told us that training would be arranged.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment. We found that staff files did not contain proof of identification. Following the inspection, the provider contacted us to inform us that all staff members had been asked to provide proof of identification and these were being gathered and added to staff files.

No action



Are services effective?

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included accurate details of treatment provided.

We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs. However, staff appraisals were not up to date. The provider told us that they would be completed in the near future.

No action



Are services caring?

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with respect and staff were caring and kind. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work and were proud of what they did.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

Are services well-led?

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

The practice had effective clinical governance and risk management structures in place. There were effective methods to seek feedback from patients using the service. We observed good support from the managers which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

No action



Station Plaza Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 22 March 2017 by a lead CQC inspector and a dental specialist advisor.

During the inspection we spoke with two dentists, two dental nurses, a receptionist, the administrative manager and the clinical manager. We looked around the premises

and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records. We reviewed 26 CQC comments cards during the inspection.

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 appropriate incident reporting systems in place and an accident book for staff to complete when something went wrong. Staff demonstrated good awareness of how to act on incidents that may occur.

Staff we spoke with had a good understanding of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

Staff knew the principles of Duty of Candour when prompted. We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

We reviewed the safeguarding training records of staff at the practice and found that these were up to date. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect and how to raise a concern. Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice had rubber dam kits available for use in line with the current guidance. We were told that rubber dam kits were always used. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency

equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

The provider told us that checks were regularly made to ensure that the equipment and emergency medicines were safe to use. We found that most of these checks had been recorded. However, we found that there was no check log for the AED. This was brought to the attention of the clinical manager who told us that this would be implemented immediately. The expiry dates of medicines and equipment were monitored regularly.

Records showed that most staff members had completed annual training in AED use and basic life support. However, two members of staff were out of date with their training. This was brought to the attention of the clinical manager who told us that training would be arranged. Staff we spoke with knew the location of the emergency equipment. Staff told us that medical emergency training scenarios were practised regularly.

Staff recruitment

The practice told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out. The Disclosure and Barring Service 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.

The practice had a system in place for the recruitment of new staff which included seeking references, checking qualifications and professional registration. We found that recruitment records contained most of the required recruitment documentation such as CV, references and proof of professional registration. However, staff files did not include proof of identification. This was brought to the attention of the clinical and administrative managers who told us that this would be actioned immediately. Following

Are services safe?

the inspection, the provider contacted us to inform us that all staff members had been asked to provide proof of identification and these were being gathered and added to staff files.

The practice had a recruitment policy in place which did not include proof of identification as one of the documents that newly recruited staff would be asked to provide. Following the inspection, we were sent an updated copy of the policy which clearly indicated that proof of identification would be sought from new members of staff as part of the recruitment process.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies and had a health and safety policy in place. The practice had a log of risk assessments such as radiation, hazardous substances and fire. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situations which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was tested regularly. We reviewed documents which showed that fire extinguishers were checked annually. The practice had carried out a full fire risk assessment in March 2016. The provider told us that staff attended in-house fire training. We were shown a fire protocol that staff were asked to read as part of their fire training. However, it was not clear that staff had completed the training as there was no signature sheet to demonstrate that the document had been read and understood by staff. Following the inspection, the provider sent us a copy of the training document with staff signatures attached.

We saw that the fire evacuation procedure was clearly posted in areas throughout the practice. Fire exit notices were clearly displayed. We were told that fire drills took place regularly. Records showed that the most recent fire drill had taken place in March 2017.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. Treatment rooms were visibly tidy and free from clutter. A cleaner was employed to carry out the environmental cleaning of the premises alongside staff on a daily basis. Environmental cleaning schedules reflected this. The environmental cleaning followed national colour coding scheme on the cleaning of health care premises. There were designated hand wash basins in the treatment room. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in treatment room drawers.

The practice carried out the decontamination of instruments in a dedicated decontamination room. One of the dental nurses showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore personal and protective equipment (PPE) during the decontamination process, such as a visor and heavy duty gloves. Dirty instruments were washed and rinsed prior to being placed into an autoclave. An autoclave is a device for sterilising dental and medical instruments. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages.

We saw a clear separation of dirty and clean areas in the decontamination room. There were adequate supplies of PPE such as face visors, aprons and gloves. Posters about good hand hygiene were displayed to support staff in following practice procedures. The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in case they incurred such an injury. This involved a referral to a local Occupational Health department. When asked, staff were clear about the process to follow. The dental nurses told us

Are services safe?

that they did not handle sharps. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety (Sharps Instruments in Healthcare) Regulations (2013).

Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place. There were sufficient instruments available to ensure that services provided to patients were uninterrupted.

Records showed a risk assessment for Legionella had been carried out in February 2017. 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 of patients and staff of developing Legionnaires' disease. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice had carried out an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with HTM01-05 in January 2017. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed that action points had been identified and achieved as a result of the most recent audit.

The practice had a record of staff immunisation status with regards to Hepatitis B in staff recruitment records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, extracted teeth and gypsum.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included the testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external

companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and spill kits to deal with body fluid and mercury spillage. We noted that the emergency eye wash had expired. This was brought to the attention of staff who told us that this would be replaced immediately. We noted that there was no thermometer or written log to record the temperature of the medicines fridge. We were told that this would be addressed immediately.

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003. Conscious sedation is a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The practice had appropriate sedation documentation in place, such as consent forms, written information for patients and a sedation protocol. Patients' sedation records were comprehensive and included the type and dose of medication given, along with patient monitoring including blood pressure, pulse and oxygen saturations. Records showed that staff involved in sedation had received specialised training. The practice had appropriate monitoring equipment for post treatment patients and drugs used for sedation were stored securely.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor (RPS) and the necessary records relating to the

Are services safe?

X-ray equipment. These were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed in the treatment rooms. The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required in order to achieve a good image. Each practice must compile their own local rules for

each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the patient and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely.

The practice had carried out an annual X-ray audit for the dentists within the last year. We were shown the current training certificates for the dentists which demonstrated that they were up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. We found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept computerised records of the care given to patients. We asked the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the dentists were adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. The waiting area contained written literature regarding effective dental hygiene and how to reduce the risk of poor dental health. Staff described the methods and tools that were used to encourage good oral hygiene with each patient, such as promoting a good brushing technique.

Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. The dental care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

Staffing

The practice had two principal dentists, three associate dentists, 14 dental nurses (two of whom were trainees), one hygienist, six receptionists, an administrative manager and a clinical manager.

Records showed that staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included child and adult safeguarding and basic life support. We looked at the individual training records of members of staff at the practice which demonstrated that they had attended appropriate training and most of the staff were up to date. However, two members of staff were out of date with their AED and basic life support training. This was brought to the attention of the clinical manager who told us that training would be arranged. Staff attended internal training, online courses and used team meetings to share learning and knowledge.

Records showed that there was an appraisal system in place at the practice which was used to identify training and development needs. Records showed that all staff appraisals were overdue and had not taken place in January 2017 as planned. The clinical manager told us that this was due to time constraints, but they planned to have all appraisals completed by the end of April 2017. Staff recruitment records contained details of current registration with the GDC and these were monitored so that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities. They told us they had access to the practice policies and procedures and were supported to attend training courses appropriate to the work they performed.

The feedback we received from patients from the comments cards and information obtained on the day reflected that patients had confidence and trust in the clinical team.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments to specialist services. The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to local hospitals and specialist dental services for further

Are services effective?

(for example, treatment is effective)

investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

The dentists we spoke with described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. Clear information on any costs of treatment was in the waiting area.

In situations where people lack capacity to make decisions through illness or disability, health care providers must

work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in the patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good understanding of the MCA and the importance of assessing each situation individually. Staff had attended formal MCA training.

Staff were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. Patients were positive about the care they received and commented that they were treated with care and respect.

The practice had effective systems in place to gain the comments and views of people who used the service. The practice had carried out a patient satisfaction survey in January 2017. 50 patients were randomly selected. 100% of patients said that they would recommend the practice to a friend, 100% felt that they were treated with dignity and respect and 100% were satisfied that the practice involved them in decisions about their care. As a result of patient feedback, the clinical manager had adjusted the heating, improved the seating and provided a table and chairs for children with drawing materials and children's books.

During our inspection we observed that staff showed a friendly and attentive approach towards patients. All

patients were recognised and greeted at reception on arrival. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' dental care records were stored appropriately. Paper records were stored in a lockable area. Treatment room doors were kept closed so that patients' privacy was maintained. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making where this was relevant.

Patients were informed of the range of treatments available in the patient information leaflet and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the patient information leaflet and on the practice website. These also contained additional information about the practice such as how to make a complaint, emergency out of hours' information and the details of staff working at the practice.

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointments were made available to patients on the same day for the dentists to accommodate urgent or emergency appointments. Patients commented on the ease of getting an emergency appointment in the comments cards we received.

Staff told us that the appointment system gave them sufficient time to meet patient's needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice was located on the fourth floor of the premises via stairs or a lift. The practice was accessible to patients with mobility difficulties, pram users and wheelchair users. Staff told us that patients with mobility impairments and parents/carers using prams were supported as much as possible when visiting the practice. One of the treatment rooms had an electric wheelchair ramp which allowed treatments to be carried out while the patient remained seated in their wheelchair. The patient toilets were located near to the waiting area. There was a separate disabled toilet and baby changing facilities. There was designated parking for blue badge holders in the underground car park which was close to the lift.

Staff knew their patient population well and would make any necessary arrangements for patients who required a

chaperone or for whom English was not the first language. We asked staff to explain how they would communicate with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services.

Access to the service

The practice was open Mondays, Thursdays and Fridays from 8.30am to 5.30pm, Tuesdays from 8.00am to 8.00pm and on Saturdays from 9.00am to 1.00pm.

Information regarding the opening hours was available in the patient information leaflet and on the practice website. The practice answer phone message also provided patients with information on how to access out of hours treatment when the practice was closed. Appointments were available on the same day so that the practice could respond to patients in pain.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received two complaints within the last 12 months. Records demonstrated that action had been taken and each complaint had been acknowledged, investigated and responded to appropriately. The staff members we spoke with demonstrated a good awareness of the actions that would be taken and how complaints should be acknowledged, investigated and responded to in an appropriate way. Staff were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was available in reception, in the patient information leaflet and on the website. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The management team were responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The clinical manager ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to infection control, record keeping, patient feedback, sedation and radiographs. Action plans had been identified as a result of the audits and the results were shared and discussed with other members of the team.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures that had been put into place to manage those risks.

The practice undertook meetings regularly involving all of the staff at the practice and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff told us they were kept informed of any changes and updates. They told us that the management team adopted an open and transparent approach. We reviewed records of a recent staff meeting from March 2017 which demonstrated that staff were provided with up to date information. Records of previous staff meetings showed that topics such as child protection, vulnerable adults, staff training and medical emergencies had been discussed.

Staff we spoke with described the practice culture as friendly and open. They told us that they felt valued and supported and were committed to the practice's progress

and development. The team appeared to work effectively together and there was a friendly and relaxed atmosphere. Staff demonstrated an awareness of the practice's purpose and were proud of their work.

The management team were highly visible within the practice and had a positive approach towards supporting staff. They discussed how staff concerns would be dealt with effectively and the process which would be followed. The clinical manager told us that staff would be fully supported throughout the process.

Management lead through learning and improvement

The clinical manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All of the clinical staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had an effective system in place to seek feedback from patients using the service. The results were analysed and compared with previous results. There was evidence that changes and improvements had been put into place as a result of patients' feedback, such as improving the practice environment for patients. Staff told us that issues were discussed with patients and suggestions would always be implemented if possible.

The clinical manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with management and the rest of the team and that these were always listened to and acted upon.