

Thorpe Dental Group Limited

Copmanthorpe Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 January 2016 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 Thorpe Dental Group operates Copmanthorpe Dental Centre. The service is located on St Giles Way in York, North Yorkshire. It offers mainly NHS dental treatment but also offer private options. The services include preventative advice and treatments and routine restorative dental care. The practice also offer a variety of dental care plans where patients pay a monthly subscription and receive a discount off treatment and includes an examination every six months and a hygienist visit at varying intervals.

The practice has wheelchair access. Parking is available locally.

The practice currently has three dentists (one of which is a foundation dentist) who are supported by a practice manager, a dental hygienist, three dental nurses (one of which is a trainee) and one receptionist.

One surgery is located on the ground floor and a further two surgeries are on the first floor. There is also a reception and waiting area and a decontamination room. There are accessible toilet facilities on the ground floor.

The practice opening hours are:

Monday to Friday from 09-00 to 13-00 and 14-00 to 17-00

On the day of inspection we received feedback from one patient. The patient who provided feedback was 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 were very pleased with the service. They found the staff to be professional, good communication skills, efficient and caring and they were treated with dignity and respect in a clean and tidy environment.

The practice owner 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.

Our key findings were:

- The practice was clean and hygienic.
- Staff had been trained to manage medical emergencies.
- Infection prevention and control procedures were in accordance with the published guidelines.
- Dental care records were detailed and included information about discussions with the patient about advice given and treatment options.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients were treated with dignity and confidentiality was maintained.
- We observed that patients 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.
- The appointment system met patients' needs.

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

- Review the protocol for receiving, sharing and acknowledging alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.
- Record fridge temperatures where dental materials are stored.
- Make the dental care record and X-ray audits practitioner specific.
- Review the practice's recruitment procedure to obtain references for all new recruits.
- Undertake a practice specific infection control audit.
- Undertake an external fire risk assessment.
- Undertake a risk assessment on the door out of the decontamination room.

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 the process of significant event analysis.

Staff had we knowledgeable of the signs of abuse or neglect and who to report them to. However, some staff members had not received safeguarding training within the last three years.

Staff were suitably qualified for their roles and the practice had undertaken some recruitment checks to ensure patient safety. However, we noted that the practice did not routinely seek references for new staff members.

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 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 encouraged to complete training including training in medical emergencies. The clinical staff were relevant to their roles up to date with their continuing their professional development (CPD).

Are services caring?

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

We reviewed feedback from one patient. The patient commented that they were treated with dignity and respect in a safe and clean environment. They also commented that they were involved in treatment options and full explanations of treatment and costs were given.

We observed the staff to be welcoming and caring towards the patients.

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 they 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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access and facilities where reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

The practice had a complaints policy and procedures. This was displayed in the waiting room. Staff recorded complaints and cascaded learning to staff.

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 were responsible for the day to day running of the practice.

The practice held quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. There were quarterly meetings for dentists and nurses separately.

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

They conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Copmanthorpe Dental Centre

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 12 January 2016 and was led by a CQC Inspector who had access to remote advice from a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, two dental nurses and the receptionist. We saw policies, procedures and other records relating to the management of the service. We spoke with one patient on the day.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice administrator or clinical lead.

Staff had a basic understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months; evidence of historical events had been processed in accordance with the practice policy. The practice also recorded significant events and there was evidence of three incidents over the past 12 months. All incidents had been recorded and processed in accordance to the practice policy.

The practice did not have a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. This was brought to the practice manager's attention to set up a process to receive alerts and to share and discussed at future staff meetings.

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 for the practice. We noted that staff had received safeguarding training however; some of this training was due to be updated. Staff told us they were confident about raising any concerns with the safeguarding

lead or the local safeguarding team. We discussed with one member of staff a safeguarding issue which they had dealt with and this had been done in line with the practices policy.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of re-sheathing devices for needles and clear guidelines about responding to a sharps injury (needles and sharp instruments).

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse. Any paper part of dental care records were kept securely in locked cabinets.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency oxygen and AED were checked daily. The emergency medicines were checked weekly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, carrying out Disclosure and Barring Service (DBS) checks, proof of identity, checking relevant qualifications and

Are services safe?

professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had generally been followed. However, we did identify that the practice had not always sought references for new members of staff.

All clinical staff at this practice were qualified and 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

The practice had risk assessments in place to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice; these had been reviewed in January 2015. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in January 2015.

The practice did not have a sharps risk assessment in place. However, we did see that they were using a safe sharps system which reduces the likelihood of sustaining a needlestick injury. This was brought to the attention of the clinical lead to implement and give due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the practice manager had reviewed the COSHH folder in January 2015 and as required if any new materials.

We noted there had not been a specific fire risk assessment being completed for the practice. We saw that as part of the weekly practice checks the smoke alarms were tested and the fire extinguishers were regularly serviced. However, we noted the fire exit was through the staff room which had a combination lock on it. We were told the reception area would always be staffed so that in the event of a fire the door could be opened.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, 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)'. One of the dental nurses was the infection control lead for the practice.

Staff had received training in infection prevention and control during 2014. We saw evidence that some staff were immunised against blood borne viruses (e.g. Hepatitis B). However, there were no certificates to show immunisation history for other staff.

We observed the treatment room 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 were hand washing facilities in the 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.

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 infection control lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave.

Are services safe?

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 and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, we saw that they were not conducting the weekly protein residue test on the ultrasonic bath. This was brought to the attention of staff and we were told that this would be done from now on.

An audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05) had been conducted at a sister practice which had a similar (but not identical) decontamination arrangement. This audit should be undertaken for each practice. This was brought to the attention of the practice manager and registered manager and we were told that this would be done.

We reviewed the last legionella risk assessment review dated January 2016. There was no responsible person within the practice and this was due to be actioned as part of the new risk assessments' findings. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was historical evidence of water testing taking place however this had not been done recently due to a verbal advice from the legionella assessor, this was now to be implemented in accordance to the latest risk assessment.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually. There was also an electrical installation condition report that had been completed in April 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in August 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as the autoclave, the compressor and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

We noted that some dental materials and an emergency medicine was stored in a fridge. However, there was no log of the fridge temperature to check that they were being kept at the recommended temperature.

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice also dispensed a limited number of antibiotics for private patients. These were locked away and a log of which antibiotics had been prescribed was kept.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits were carried out every three months. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit confirmed they were generally performing well and within the guidance 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 and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. 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. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

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 dentists used markers on the dental care records to identify those had a medical condition or were taking any medicines which could affect treatment. A new medical history form was completed every three years by the patient.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with

the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to all children who attended for an examination.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snacking between meals, hidden sugars in drinks and tooth brushing. There was also information on the practice's website regarding fluoride use and dietary advice. Patients who had a high rate of dental decay were prescribed high fluoride toothpastes to help reduce the decay process.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the personnel files.

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). The practice organised in house training for medical emergencies and infection control to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of

Are services effective?

(for example, treatment is effective)

completed appraisal documents. Staff also felt they could approach the registered provider or practice manager at any time to discuss continuing training and development as the need arose.

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 and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. 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 dentists kept a log of the referrals which had been sent and when a response had been received in the surgeries. The practice had a process for urgent referrals for suspected malignancies.

We also saw when a patient was referred internally to see the hygienist a detailed treatment plan was documented to ensure that the hygienist was aware of what treatment needed doing.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patient was positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

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.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice. This included root canal treatment, extractions, treatments for gum disease and crowns.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. There was also an option to send a patient who required an urgent appointment to a local sister practice if there was not any availability at the practice to see them.

The patient 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 policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access to the premises and accessible ground floor toilet facilities. The practice had access to translation services for those whose first language was not English. The ground floor surgery was large enough to accommodate a wheelchair.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice

website. The opening hours are Monday to Friday from 9-00am to 1-00pm and 2-00pm to 5-00pm. Patients were either sent a text message, an e-mail or called the day before an appointment to remind them.

The patient told us that they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day and if not within 24 hours. The patient told us that when they had required an emergency appointment this had been organised 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 NHS 111 service on the telephone answering machine.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice manager or the registered manager were in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager or registered manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this. The complaints procedure and other organisations to contact was displayed in the waiting room. There was also information about the complaints procedure on the practice's website.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of the British Dental Association '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 manager was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection control. However, we noted that the door out of the decontamination room opened towards the top of the stairway. This could be a hazard if the door was opened whilst a person was stood at the top of the stairs. We were told there were plans to put a window in the door to see if anyone was stood at the top of the stairs before opening the door.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

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.

The practice had quarterly staff meetings involving all staff members. There were also separate meetings for dentists and dental nurses. These meetings were minuted and displayed in the staff room for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be

organised to discuss the matter. The dentist meetings involved peer review, audit results and also gave an opportunity for dentists to share any specialist knowledge with others.

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 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

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records, X-rays and a weekly housekeeping audit. The receptionist gave out the audit recording sheets to the dentists every three months to ensure that the relevant audits were completed. However, we noted some of the audits which had been conducted were not practitioner specific. This was brought to the attention of the dentist and we were told that these audits would now be practitioner specific.

One of the dentists told us as a result of an X-ray audit an issue with the developing of X-rays had been identified. This had been traced to a piece of hardware involved in the developing of X-rays. The appropriate piece of hardware had been replaced.

Staff told us they were encouraged to complete training relevant to their roles to ensure essential training was completed; 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. However, we did identify that the safeguarding training for some members of staff was due to be updated.

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 and a comment box in the waiting room. The satisfaction survey included questions about whether the dentist greeted them, helped them feel at ease, communicated costs and

Are services well-led?

answered any questions which they had. These patient satisfaction surveys were done for each dentist in order to aim to identify any specific areas which a dentist could improve.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The practice also had a comment box in the waiting room. There were focussed questionnaires for the comment box and these were regularly changed. The questionnaires covered areas such as waiting time for appointments, the general appearance of the practice and whether the staff were helpful.