

Aspire Dental Care Limited

Aspire Dental Care Limited

Inspection Report

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Overall summary

We carried out this announced inspection on 08 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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.

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 and processes to provide safe care and treatment. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found the equipment used in the practice was maintained. Improvements could be made to ensure the equipment was maintained at the intervals recommended in line with current guidelines.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure the practice reviewed and acted upon national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council.

No action



Summary of findings

Are services caring?

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

We reviewed two CQC comment cards and the practice patient satisfaction survey. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the '111' out of hours service were available for patients' reference.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service through the practice information leaflet and website.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with practice manager. They felt they

No action



Summary of findings

were listened to and responded to when they did so. Staff commented that the practice manager dentist was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

Aspire Dental Care Limited

Detailed findings

Background to this inspection

Background

Aspire Dental Care Limited is located in Amersham and provides private treatment to patients of all ages. There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available close to the practice. The premises are on the ground floor and first floor and consist of four treatment rooms, a reception area and a decontamination room. The practice is open on Monday and Wednesday 08:00am – 2:30pm, Tuesday 10:00am – 4:30pm and Friday 11:00am – 5:30pm.

The dental team includes two associate dentists, three dental nurses, a receptionist and a practice manager.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Aspire Dental Care Limited is the practice manager.

On the day of inspection we collected two CQC comment cards filled in by patients and reviewed the practice patient satisfaction survey. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

During the inspection we spoke with one of the associate dentists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had systems to help them manage risk.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Detailed findings

- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service.
- Review the storage of records related to people employed and the management of regulated activities giving due regard to current legislation and guidance.
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents, incidents and significant events. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice had a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff we spoke with understood the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a comprehensive COSHH folder.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the teams' contact details. The practice manager was the safeguarding lead. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months. We saw evidence that all staff had completed child protection and safeguarding adults training to an appropriate level.

The practice had a whistleblowing policy which included the contact details of external agencies to which staff could raise concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a health and safety policy and had undertaken a range of risk assessments. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society

The practice had undertaken a risk assessment of the business in May 2017 and there was a business continuity plan in place.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice did not have an automated external defibrillator (AED). The practice had undertaken a risk assessment to gain access to an AED in September 2016.

A portable suction was not available at the practice on the day of our inspection. We discussed this with staff who confirmed the item had been ordered.

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence of up to date training in emergency resuscitation and basic life support for most members of staff. We did not see evidence of up to date training for one clinical member of staff. Following our inspection the practice sent us confirmation of their training in emergency resuscitation and basic life support.

Are services safe?

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We reviewed the recruitment records for all staff members. These showed the practice followed their recruitment procedure. The records contained most of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). The practice did not have evidence of up to date immunisation for two clinical members of staff. Following our inspection the practice sent us confirmation of immunisation.

There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [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].

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system for monitoring essential staff information about GDC registration and current professional indemnity.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out. The practice showed us confirmation that a fire risk assessment would be undertaken on 10 May 2017.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and

through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE). Staff told us alerts were received and reviewed and disseminated by them to the staff, where appropriate. However, we did not see records of this and staff were not able to give us examples of alerts received in the last 12 months.

We were told the dentists normally worked with chairside support. This is in line with advice given in the General Dental Council's Standards (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was an infection control policy and the practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. One of the associate dentists showed us how instruments were decontaminated.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We saw the differing types of waste were appropriately segregated and stored at the practice. The practice had an on-going contract with a clinical waste contractor for off-site transport and disposal of waste.

The practice had not undertaken a Legionella risk assessment. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Following our inspection the practice sent us confirmation that a Legionella risk assessment would be carried out on 10 May 2017.

Staff completed infection prevention and control training every year.

Are services safe?

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Equipment and medicines

There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in April 2017. A pressure vessel check had been carried out in April 2017. The practice had portable appliances and had carried out portable appliance tests (PAT) in April 2017. The fire extinguishers had been checked in May 2017 and the Oxygen cylinder in April 2017. Improvements could be made to ensure the equipment was maintained at the intervals recommended in line with current guidelines.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its

use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The practice had two X-ray units which had been installed in November 2014. The practice did not have evidence of the critical examination and acceptance test reports for the two X-ray units. Following our inspection the practice sent us confirmation of the critical examination and acceptance test report.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

The practice had not completed an X-ray audit. Following our inspection the practice sent us confirmation that an X-ray audit had been undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We saw records which showed the dentist gave preventive advice in line with current guidance.

During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records and we saw evidence of assessments to establish individual patient needs.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as smoking cessation, gum disease, sealants, dental care for older people, tooth brushing and interdental cleaning.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, consent, oral cancer screening, and legal and ethical issues.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staffs' individual training needs. We saw records which showed staff appraisals were completed regularly.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This was usually for specialist treatments such as orthodontics, complex gum and root canal treatments and sedation. Staff told us that patients with suspected oral cancer were referred under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff confirmed individual treatment options, risks and benefits and costs

Are services effective?

(for example, treatment is effective)

were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Dental implants were provided at the practice. The associate dentist showed us dental care records for implant treatment. The practice had a consent form for implant treatment and copies were retained in the patient's dental care records.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The dental care records we checked showed that options, risks and benefits of the treatment and patient consent were discussed and recorded. We saw that the dentists recorded consent was obtained prior to treatment.

The practice had a policy on the Mental Capacity Act 2005 (MCA) and some staff had received formal training. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed two CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. All staff were required to complete training on confidentiality as a part of the practice's induction programme. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised. The records were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors

being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood. The practice had information leaflets on treatments such as bridges, dentures, crowns and veneers. The practice website provided patients with information about a range of treatments such as dentures, fillings and implants. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice. We discussed the appointment booking system with reception staff. They explained that appointments for treatment were booked according to the treatment needed. Some patients commented on the efficiency of the service and being seen on time. Dentists told us that they arranged longer appointments for patients who were anxious about dental treatment or arranged these at the start or end of the day to suit the individual. If necessary they referred patients to services able to provide sedation.

The practice had an efficient appointment system to respond to patients' needs. We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients told us they had enough time during their appointment and did not feel rushed.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The treatment rooms were located on the ground floor of the premises. The practice was accessible to people using wheelchairs, or those with limited mobility including a disabled toilet.

Access to the service

The practice displayed its opening hours on their information leaflet and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the '111' out of hours service were available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed. The practice information leaflet also contained details of the emergency out of hours contact details.

Feedback received from patients indicated that they were happy with the access arrangements. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and British Dental Association (BDA). These were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. The practice manager told us staff meetings were informal as it was a small team.

Dental care records we checked were complete, legible and accurate and stored securely. The practice had computerised dental care records. All computers were password protected and records were stored appropriately.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns as they occurred and it was clear the practice worked as a team and dealt with issues professionally.

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the practice manager as well as other colleagues. Staff we spoke with were confident in approaching the practice manager if they had concerns and displayed appreciation for the leadership.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. The practice had undertaken an audit in infection prevention and control in February 2017. We saw records which showed that the audits had documented learning points, were analysed and the resulting improvements could be demonstrated. The practice had not completed an X-ray audit. Following our inspection the practice sent us confirmation an X-ray audit had been completed.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patients' response through the practice patient satisfaction survey.

Staff commented that the practice manager was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.