Mr Peter Martin

Barrow Street Dental Practice

Inspection Report

20 Barrow Street
St Helens
Merseyside
WA10 1RX
Tel:01744 26566
Website:www.barrowstreetdental.co.uk

Date of inspection visit: 30 April 2015
Date of publication: 11/06/2015

Overall summary

We carried out a comprehensive inspection of Barrow Street Dental Practice on 30 April 2015.

Barrow Street Dental Practice is situated in St Helens town centre. It offers NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. The principal dentist is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has two full time dentists who are in their first (foundation) year of practice.

The practice has five dentists, five dental nurses, two dental nurse trainees, two part-time hygienists and a practice manager/receptionist. The practice is open Monday to Friday from 9-00am to 5-00pm.

We spoke with two patients who used the service on the day of our inspection and reviewed 50 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They commented they had no difficulties in arranging a convenient appointment and staff were caring, helpful and respectful.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.

Summary of findings

- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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

- Review how documentation relating to staff recruitment and employment is retained; in order to ensure staff records are complete and easily accessible.
- Establish a process for monitoring and reviewing practice policies and procedures.

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 and accidents and they discussed learning from them. We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately.

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

The principal dentist confirmed that all documentation the practice held relating to staff recruitment and their employment should be reviewed and retained in a more easily accessible format. This would support them in ensuring staff records were complete and in line with their recruitment procedures.

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 in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals.

The practice had a strong focus on preventative care and supporting patients to achieve better oral health. Fluoride applications, higher- fluoride toothpaste and oral health advice were available. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures. As part of their dental foundation training, one of the dentists carried out an audit on the application of fluoride varnish and arranged a visit to a local nursery to provide oral health advice to children.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 50 CQC comment cards patients had completed prior to the inspection and spoke with two patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed.

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

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. Staff were knowledgeable about the process.

The practice had carried out a disability access audit to ensure access to the building and the services met the needs of disabled patients The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility.

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

Are services well-led?

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

There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions. The principal dentist confirmed they would be introducing a more robust process for monitoring and reviewing practice policies and procedures.

There were systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice carried out patient surveys and requested patient views at each visit to gain feedback from patients using the service.

Barrow Street Dental Practice

Detailed findings

Background to this inspection

This announced inspection was carried out on the 30 April 2015 by an inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the provider.

During the inspection we toured the premises and spoke with four dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We obtained the views of 50 patients who had filled in CQC comment cards and spoke with two patients who used the service on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. We reviewed the information within the practice's critical incidents file and accident book and found the practice had responded appropriately.

The practice responded to national patient safety and medicines alert that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon.

The principal dentist and the practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams.

The principal dentist was the safeguarding lead professional in the practice and all dentists had undertaken safeguarding training in the last 12 months. The principal dentist had made referrals to the local safeguarding team and was confident about when to do so. Dental nurses attended safeguarding training as part of their five year cycle of continuing professional development (CPD). Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely on the ground floor and first floor with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The principal dentist told us they used the British Dental Association's recruitment guidelines for the safe recruitment of staff. They were knowledgeable about the requirement to seek references, check qualifications, identification and professional registration as part of the recruitment process. The principal dentist told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice stored recruitment and staff information in a number of paper and computer systems. We looked at the practice's staff folder which contained evidence of DBS checks, occupational health checks, professional registration, employment contracts and the immunisation

Are services safe?

status for staff. The principal dentist showed us two staff contracts of employment held on computer. Staff we spoke with confirmed they had contracts of employment and we saw evidence of staff qualifications in four of their CPD files.

Following discussion, the principal dentist confirmed that all documentation the practice held relating to staff recruitment and their employment should be reviewed and retained in a more easily accessible format; to support them ensure staff records were complete and were in line with their recruitment procedures.

The practice manager checked the professional registration for newly employed clinical staff and each year to ensure that professional registrations were up to date. Indemnity insurance was in place for all members of staff.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and use of equipment. The assessments included the risks identified and actions taken.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The principal dentist confirmed the practice should now formally review their COSHH assessments in line with their health and safety policy. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Key contact numbers were included and copies of the plan were kept in the practice and by the principal dentist.

Infection control

One of the dental nurses was the infection control lead professional and they worked with the practice manager and principal dentist to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Staff received annual training regarding infection prevention and control and regular updates were provided at staff meetings.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that were free from clutter and could be cleaned and disinfected between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

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 professional showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used

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

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

The practice had carried out the self- assessment audit in September 2014 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. A hand hygiene audit was completed in March 2015 which showed good standards of hand hygiene were being maintained.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. The practice manager told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had systems in place regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients. The principal dentist told us they were considering introducing a more comprehensive stock control system to support the practice to ensure sufficient medicines were available and ready for use.

The practice stored one medicine in the fridge. Following discussion, the practice manager confirmed they would now monitor and record the temperature of the fridge, to ensure the temperature was within the required range for the safe use of the medicine.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office. Prescriptions were stamped only at the point of issue to maintain their safe use. Dentists we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

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 and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed in accordance with guidance.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months by the principal dentist. The foundation dentists carried out additional audits as part of their foundation year. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed with the dentists the information recorded in three patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment; and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an x-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

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

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

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

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the practice recalled patients, as appropriate, to receive fluoride applications to their teeth. As part of their dental foundation training, one of the dentists carried out an audit on the application of fluoride varnish and arranged a visit to a local nursery to provide oral health advice to children.

The practice had a selection of dental products on sale to assist patients with their oral health. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures. Where required dental fluoride treatments were prescribed.

Staffing

New staff to the practice, for example trainee dental nurses and dentists completing their foundation year, had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

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

The practice manager and principal dentist monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. For example, they had employed a locum dentist to cover a period of absence in the last 12 months.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager.

Are services effective?

(for example, treatment is effective)

Staff told us the manager and the principal dentist were readily available to speak to at all times for support and advice. Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff told us they had received appraisals and reviews of their professional development. The principal dentist acknowledged that dental nurses in the practice had not had their appraisal which was due in 2014. They confirmed this would be addressed as soon as possible.

Working with other services

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

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. 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 we spoke with 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 dental treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 50 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. We observed staff were helpful, discreet and respectful to patients.

The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies; and record management guidance. Patients' care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area. Sufficient treatment rooms were available and used for all discussions with patients.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost in information leaflets and on notices in the reception area and waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment and routine and restorative dental care**.** We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. Patients we spoke with confirmed they had been given an emergency appointment on the same day they contacted the practice. Staff told us each dentist had at least two emergency appointment slots each day.

Dentists told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us (and comments cards confirmed)they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment.

The practice had carried out a disability access audit in 2011 to ensure access to the building and the services met the needs of disabled patients. We saw actions identified in the audit had been completed, for example painting the handrail a dark blue colour to stand out from the wall and ensuring staff understood how to operate the audio loop.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. Opening hours were Monday to Friday from 9.00am to 5.00pm. The practice had clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

The practice had treatment rooms on the ground and first floor of the premises. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility, including installing gentle ramps into and within the practice and having a low level reception desk. There were sufficient treatment rooms on the ground floor to always be able to accommodate patients who were unable to use the stairs. There were disabled toilet facilities on the ground floor.

Concerns & complaints

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

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. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. The practice had received one complaint in the last 12 months which had been responded to but which was still on-going.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of the British Dental Association's '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 and principal dentist shared the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. They took lead roles relating to the individual aspects of governance such as complaints, equipment maintenance, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example for use of equipment in the dental practice, fire and infection control.

The practice carried out audits to ensure their procedures and protocols were being carried out and were effective. These included audits of infection control and X-rays. Lead roles, for example in infection control, radiography and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits to evidence that improvements had been maintained.

There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. However there was no clear process in place to ensure all policies and procedures had been reviewed as required to support the safe running of the service. For example, the health and safety policy was last reviewed in 2012 and it was unclear when the policy required a further formal review. Following discussion the principal dentist confirmed they would be introducing a more robust process for monitoring and reviewing practice policies and procedures.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the practice manager and dentists were very approachable. The dental nurse who was the lead infection control professional told us they had good support to carry out this role both from within the practice and from their external infection control lead.

The principal dentist and practice manager provided clearly defined leadership roles within the practice. Staff told us there were informal and formal arrangements for sharing information across the practice, including lunchtime meetings and practice meetings. Staff told us this helped them keep up to date with new developments to make suggestions and provide feedback to the practice manager and principal dentist.

Formal records of meetings had not been made in 2014. Formal minutes support staff unable to attend meetings and provide a clear audit trail of communication. The principal dentist confirmed minutes were now being recorded. We saw the minutes of the most recent practice meeting in January 2015 which included an infection control update, information about the NHS 'family and friends test' and the results of x-ray and fluoride varnish audits.

Management lead through learning and improvement

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists, dental nurses and hygienist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff were up to date with their professional registration.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning.

Are services well-led?

These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, application of fluoride varnish and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in February 2015 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS family and friends test, which is a national programme to allow patients to provide feedback on the services provided.

Staff we spoke with told us their views were sought and listened to informally and at meetings.