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Higher Lane Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Higher Lane Dental Practice is located close to the centre of Lymm in a converted residential property and

comprises two treatment rooms, waiting room, reception, and storage and staff rooms on the ground floor. There is one low step leading into the practice. Parking is available at the practice.

The practice provides general dental treatment and more complex treatment, including orthodontic treatment, implants and facial aesthetics, to private patients. The practice is open Monday 9am-5pm, (alternate weeks 8.30am-5pm), Tuesday and Friday 8.30am-6pm, Wednesday 9am-6pm, Thursday 9am-5pm, and alternate Saturdays 9.30am-2.30pm.

The practice is staffed by a practice manager, one dentist, a dental therapist/hygienist, a senior dental nurse, two dental nurses, and a trainee dental nurse.

Dr Jane Butterworth is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Forty-nine people provided feedback about the service. All patients commented positively about the care and treatment they received from the practice. Patients commented that the staff were caring, helpful and respectful. Staff listened to, and took account of their individual needs. Patients reported no difficulty in arranging an appointment and treatment was carried out promptly in a safe and hygienic environment.

Summary of findings

Our key findings were:

- Appropriate equipment was available for staff to undertake their duties, and equipment was well maintained.
- The practice recorded and analysed incidents and complaints, and cascaded learning to staff. Information was not available about the next steps if a complainant was not satisfied with the response from the practice.
- The practice confirmed that staff had received safeguarding training and knew the processes to follow to raise concerns.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available, however the practice did not have an automated external defibrillator. This equipment was obtained after the inspection.
- There were systems in place to reduce and minimise the risks and spread of infection but no evidence was seen of infection control training for staff. Evidence of this was provided after the inspection.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current practice and legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about treatment.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a clear leadership structure, and staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.

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

- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiation Regulations (IRR) 1999.
- Review the practice's complaints procedure and provide information in relation to escalating complaints.
- Review the implementation of the practice's recruitment policy and procedures to ensure they are operated effectively.

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.

There were systems in place for identifying, investigating and learning from incidents relating to patient safety.

We found the equipment, including medical emergency equipment and medicines, used in the practice was maintained and checked for effectiveness, however the practice did not have an automated external defibrillator. This was obtained after the inspection.

The practice had a recruitment policy and recruitment procedures in place, however these were not in accordance with current regulations. We found that the recruitment policy and procedures had not been followed and staff recruitment records did not contain all the information required relating to staff. Following the inspection the practice manager provided all the relevant documentation.

Staff understood their responsibilities for identifying and reporting potential abuse. The practice assured us all staff were trained in safeguarding. We saw certificates for four staff confirming this but no certificates for the other three staff. The practice provided the remaining certificates after the inspection.

There were systems in place to reduce and minimise the risks and spread of infection and the premises was clean, secure and properly maintained, but we did not see evidence of infection control training for staff. Evidence was provided by the practice after the inspection.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant published guidance, for example, from the National Institute for Health and Care Excellence and the Faculty of General Dental Practitioners. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options and costs to patients to ensure they could make an informed decision before treatment was carried out, and give valid consent to treatment.

The practice worked with other providers when required and followed up on the outcomes of referrals made to other providers.

Staff were registered with the General Dental Council and engaged in continuous professional development to meet the requirements of their registration. Staff were supported through training, appraisals, and opportunities for development.

Are services caring?

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection.

Patients felt that the staff were caring, polite, professional and friendly. They told us that they were treated with dignity and respect.

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 had access to appointments to suit their preferences, and emergency appointments were available on the same day.

The practice had limited accessibility at the entrance to the practice but the needs of people with disabilities, impaired mobility, and wheelchair users had been considered, and assisted access was available from staff. The rooms inside the practice were all accessible. Information was clear about access.

Patients were invited to provide feedback via a satisfaction survey.

The practice had a complaints policy which was displayed in the waiting room and in the practice leaflet. However information was not included on further steps a patient could take if they were not satisfied with the practice's response.

Information about emergency treatment and out of hours care was available on the answerphone and displayed in the waiting room and practice leaflet.

Are services well-led?

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

The practice had a clear leadership structure in place and also shared responsibilities amongst senior staff.

The practice had policies and procedures in place although not all were being followed.

Auditing processes and learning from complaints were used to monitor and improve performance.

The practice staff met regularly to review aspects of the delivery of dental care and the management of the practice.

Patients and staff were able to feedback compliments and concerns regarding the service.

Patient records were stored securely and patient confidentiality was well maintained.

Higher Lane Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection of this practice on 15 December 2015. The inspection was led by a CQC inspector accompanied by a dental specialist adviser.

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We assessed information received from the provider before the inspection which included their statement of purpose, staff details and details of complaints.

During the inspection we reviewed policy documents, comments cards, spoke to patients, interviewed staff and carried out observations.

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

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 although no reporting had been required.

The practice had procedures in place to assess the risks from substances in accordance with the Control of Substances Hazardous to Health Regulations 2002, and maintained a file containing details of all products in use at the practice, for example chemicals used for dental treatment and cleaning materials. The practice retained the manufacturers' data sheets to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were clearly identified to reduce such risks. These included the use of personal protective equipment for staff and patients. Hazardous materials were stored safely and securely.

The practice had an accident book which was completed with details of accidents involving patients and staff.

The practice had a sharps injury policy in place, and flowcharts were displayed in treatment rooms showing procedures to follow if an injury occurred. Staff were able to describe the actions they would take should they sustain an injury.

Staff understood procedures to follow when things went wrong and were able to demonstrate this in their handling of incidents and complaints. Patients were given an explanation and apology, and learning from incidents and complaints was discussed at staff meetings. Any actions resulting from complaints were followed up promptly.

The practice had a system of passing on safety alerts received from the Medicines and Healthcare products Regulatory Agency. These alerts identify problems or concerns relating to a medicine or medical equipment, including those used in dentistry. Clinicians were made aware of relevant alerts by the practice manager and these were actioned appropriately. We saw evidence of this in the dental care records.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies for children and adults in place which included contact details for reporting

concerns and suspected abuse. Staff interviewed understood the policies and were aware of how to identify abuse and follow up on concerns. The senior nurse was the lead for safeguarding. Job descriptions for all staff at the practice necessitated frequent contact with adult and child patients. We were assured that all staff had undertaken safeguarding training to the appropriate level. We saw evidence of safeguarding training for four staff but not for the other three staff. Following the inspection the practice provided evidence that all staff had completed this training.

The dentists and the dental therapist were assisted at all times by a dental nurse.

Dental care records were maintained electronically. The records were password protected and backed up daily. The dentist described how verbal consent was obtained in the surgery, and how consent was obtained from patients who lacked the capacity to consent. We saw examples of consent forms for more complex procedures, for example, implants. These were signed by the patient and scanned into the patient's dental care records.

Medical emergencies

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary. However the practice did not have an automated external defibrillator, (AED). [An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. This was obtained after the inspection.

Weekly checks were carried out to ensure the medicines and equipment were all within the expiry dates. At the time of the inspection emergency equipment and medicines were stored in a cupboard in the staff kitchen and were not immediately accessible to staff, however we were assured that they would be relocated to a more accessible place in the reception area as soon as possible.

Staff were trained in cardio pulmonary resuscitation annually, and together as a team, and were aware of the procedure to follow in an emergency. Staff were able to describe to us how they would deal with a number of medical emergencies including anaphylaxis, (severe allergic reaction), and cardiac arrest.

One dental nurse was also trained in first aid.

Are services safe?

Staff recruitment

Prior to the inspection we checked that all the clinical staff were registered with the General Dental Council, (GDC). All dental care professionals must be registered with the GDC. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development. We saw evidence that all dental care professionals working at the practice were registered with the GDC, except for the trainee dental nurse who was not yet qualified.

The practice had a recruitment policy in place, which was largely in accordance with current regulations, and maintained recruitment records for each member of staff. We reviewed all staff records and found evidence that the policy was not operating effectively. Not all the records contained all the required information, for example, some records did not contain evidence of registration with the GDC nor evidence of indemnity cover. The practice had carried out Disclosure and Barring Service, (DBS), checks for most staff, however one non clinical member of staff had no DBS check and there was no risk assessment in place despite the job description for this member of staff including contact with patients. The practice addressed this after the inspection and also provided the additional recruitment evidence.

The practice had an induction programme in place and we saw evidence to demonstrate all staff had received an induction.

Responsibilities were shared between staff, for example the senior nurse was the lead for infection control and two of the nurses shared training responsibilities. Staff told us they were allocated time for their lead role responsibilities.

Monitoring health and safety and responding to risks

The practice had arrangements in place to deal with potential disruptions to the service and these were outlined in the business continuity plan. Arrangements were in place with local practices to ensure continuing care for patients should there be any disruption to the service.

The practice had a health and safety policy in place, and the practice manager maintained a comprehensive list detailing all servicing dates for equipment and facilities. This included contact details for all service engineers used by the practice.

We saw records of a recent fire risk assessment which had been carried out which included testing of all fire safety equipment. Fire alarm testing was carried out monthly and fire drills six monthly. We saw evidence of a recent gas safety check and an electrical installation test.

Infection control

The practice had an infection control policy and associated procedures in place. We observed the decontamination process and found it to be in accordance with Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

Decontamination of used instruments was carried out in the treatment room when patients were not in the room. Clear zoning separated clean from dirty areas in the treatment rooms. We saw staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. The practice used sealed boxes to transfer used instruments from the treatment rooms to the decontamination area.

We inspected the drawers and cupboards in the treatment rooms. All the instruments were pouched and dated with the expiry date. Items for single use were clearly labelled.

The dental nurse showed us the systems in place to ensure the decontamination equipment was checked daily and weekly, and we saw records of these checks which were in accordance with HTM 01-05.

The treatment rooms and decontamination room had sufficient supplies of personal protective equipment for staff and patient use.

We saw evidence to show the clinical staff had received a vaccination to protect them against the Hepatitis B virus but we did not see evidence relating to the effectiveness of the vaccination for each member of staff. We were assured this would be followed up immediately. The practice provided evidence of this following the inspection.

The practice had a Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The assessment identified actions to be taken and these had been completed. The dental water lines were cleaned daily to prevent the growth and spread of Legionella bacteria. The suction unit was cleaned and disinfected regularly.

Are services safe?

We observed that the treatment rooms, reception, waiting room, and toilets were clean, tidy and clutter free. Hand washing facilities were available in each of the treatment rooms and in the toilet facilities. Hand washing protocols were displayed appropriately near sinks.

Staff were responsible for cleaning the premises. There was a cleaning schedule in place which identified areas to be cleaned on a daily, weekly and monthly basis. Once a week an additional deep clean was carried out. Staff were allocated specific tasks they were responsible for. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency.

Staff changing facilities were available in the practice and staff were aware of the uniform policy.

The segregation, storage and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. We saw general and clinical waste was stored securely and separately and sharps containers were secure and safely sited. The practice had suitable arrangements for all types of dental waste to be removed from the practice by a contractor. Spillage kits were available for contaminated spillages.

Equipment and medicines

The practice maintained records containing details of servicing and maintenance of equipment. We saw test certificates for the decontamination equipment, air compressor and X-ray equipment. The practice had a current portable appliance test certificate.

The practice complied with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 as safe

syringes had been put into use to avoid needles being re-sheathed. Staff were fully aware of procedures to dismantle other types of sharp instruments to minimise the risk of injury.

Prescriptions were printed out if necessary following assessments of patients. The practice dispensed some medicines to patients. Supplies of these were kept to a minimum and they were locked away securely. Full records were maintained and all dispensed medicines were fully traceable in stock records and dental care records. The practice had clear guidance regarding dispensing and recording of medicines given to patients.

Some dental products were stored in the fridge and we saw records of daily temperature checks carried out on the fridge. The fridge was kept locked.

Radiography (X-rays)

The practice had appointed a Radiation Protection Advisor and the principal dentist was the Radiation Protection Supervisor. All staff had completed radiography training where required. We saw the radiation protection file was well maintained, however the practice did not have the Health and Safety Executive, (HSE), notification letter available. This letter is notification to the HSE that the practice is using X-ray equipment. The practice manager contacted the HSE immediately to arrange this.

We saw evidence of X-ray audits which demonstrated the practice was acting in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that dental X-rays were justified, reported on and quality assured in accordance with IRMER.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with the Faculty of General Dental Practice guidelines and the General Dental Council guidelines.

The dentist described how examinations and assessments were carried out using a typical patient journey scenario. Patients completed a medical history questionnaire which included detailing any health conditions, regular medicines being taken and allergies, as well as details of their dental and social history.

The dentist recorded a diagnosis and then discussed treatment options and costs with the patient. The dental care record was updated with the proposed treatment after this was agreed with the patient. Patient consent was recorded.

Patients were monitored in follow-up appointments which were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were clear and contained sufficient detail about each patient's dental treatment. The medical histories had been updated. Details of the treatments carried out were documented and specific details of medicines used in the dental treatment were recorded. We saw patients' signed treatment plans. Patients confirmed to us in feedback that their individual needs were taken into account.

Patient recalls were determined according to risk in accordance with Dental checks : intervals between oral health reviews guidance issued by the National Institute for Health and Care Excellence.

A range of leaflets was available in the waiting room which explained various treatments and costs, and comprehensive information was also available on the practice's website.

Health promotion and prevention

The practice followed guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This guidance is used by dental teams for the prevention and

reduction of dental disease in primary and secondary care settings. A range of leaflets on dental treatments and oral health was displayed in the waiting room for patients and various oral hygiene products were available to buy.

Preventative information was recorded in the dental care records, and patients we spoke to, and those who had filled in comments cards said they found the advice was tailored to their needs and was helpful.

Staffing

The practice used a variety of means to deliver training to staff, for example, 'lunch and learn' sessions and staff meetings. Nurses gave examples of training delivered at staff meetings relating to updates in policies.

The trainee dental nurse was attending a college course to study for the dental nursing qualification. All members of the practice team were responsible for supervision of the trainee but two nurses had specific training responsibilities. One of these nurses had produced a manual for the trainee dental nurse detailing working practices and procedures. Procedures and tasks were clearly and comprehensively described with the use of text and photographs. The trainee found this extremely useful and the manual had been developed for use by all the nursing staff.

The practice carried out staff appraisals in which staff training needs were identified. We reviewed the appraisal records and noted these were a two way process. We saw minutes from a recent staff meeting confirming that appraisals were to be undertaken annually.

The practice told us that each member of staff kept records of their own continuing professional development, (CPD). We reviewed two out of seven staff CPD records. These contained a range of CPD, which demonstrated they kept up to date.

The General Dental Council highly recommends certain subjects for CPD, including cardio pulmonary resuscitation, (CPR), safeguarding, and infection control. We saw evidence of recent CPR training in all the staff records. The manager assured us all staff were trained in safeguarding to the appropriate level. We saw certificated evidence of this for four out of seven staff and no infection control certificates for all six clinical staff. The practice provided certificated evidence of this training for all staff after the inspection.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice manager and dentist described a range of primary and secondary care options for patient referrals. Urgent referrals were being made in line with current practice. We saw internal referral forms, for example, from the dentist referring a patient to the hygienist / therapist.

Consent to care and treatment

The dentist explained how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Prior to commencing dental treatment, patients signed a treatment plan and consent form which was scanned to their dental care records. The form and discussion with the dentist made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the alternative options, risks, benefits and costs.

Staff explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The practice displayed a fee list in the waiting room and on the practice's website.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The practice had a policy of seeking consent before treatment was carried out and the dentist gave examples of how they would take mental capacity issues into account when providing dental treatment. This demonstrated their awareness of the MCA. The dentist explained how they would manage patients who lacked the capacity to consent to dental treatment and told us if they had any doubt about a patient's ability to understand or consent to the treatment they would involve the patient's family and others as required.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed staff interacting with patients in the waiting room and in reception. Staff were friendly and caring towards patients. Feedback given by patients on comments cards and in interviews demonstrated that patients felt they were always treated with respect. Several patients who were anxious about dental treatment commented that the dentists were caring and supportive.

A separate room was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with the dentist and the

therapist. Conversations between patients and the dentist could not be heard from outside the rooms which protected patients' privacy. Patients reported they felt that practice staff were kind, helpful and caring. Patient feedback also identified that staff listened to concerns and provided patients with helpful advice and information in a variety of formats to assist them in making appropriate choices in their treatment.

Involvement in decisions about care and treatment

Dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. Patients commented they considered the practice was excellent at explaining treatments and costs. We saw this documented in the dental care records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice tailored appointment lengths to patients' individual needs and patients could choose early morning, daytime, evening or Saturday appointments.

Patients could request appointments by email, telephone or in person. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. If the patient indicated their agreement to this, reminders were sent by telephone, letter, email, or text message depending on the patient's preferred method of contact. Several patients commented that they found this very useful.

A patient survey was carried out by the practice to obtain feedback about a wide range of topics.

The practice arranged for local schools to visit the practice and provided oral health lessons to children and fun days at the local school.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place which staff were aware of.

The practice was located in a converted bungalow and had limited disabled access at the practice entrance, but the needs of people with disabilities, impaired mobility, and wheelchair users had been considered, and assisted access was available from staff when required. Once inside the practice, the ground floor was spacious and accessible to wheelchair users, prams and patients with limited mobility and disabilities. The reception desk was at an appropriate height to accommodate wheelchair users.

There was clear information in the practice leaflet regarding accessibility and the practice made provision for patients to arrange appointments by email, telephone or in person.

Access to the service

The practice opening hours were displayed on the practice's website and in the patient leaflet. Patients confirmed they were able to obtain an appointment promptly. Emergency appointments were available daily. Out of hours information was displayed in the practice leaflet and in a recorded message on the answerphone.

Waiting times and delays were kept to a minimum and patients were kept informed of any delay.

Concerns and complaints

The practice had a complaints policy which was outlined in leaflets available to patients and displayed in the waiting room. However no details were available as to how patients could take complaints further if they were not satisfied with the response from the practice. The complaints procedure was not displayed on the practice's website in accordance with the General Dental Council guidelines. The practice informed us the website was to be re-designed in the near future and would incorporate the complaints procedure.

The practice manager informed us that complaints were analysed for trends or concerns. Information provided prior to the inspection identified that two complaints had been received by the practice in the last 12 months. We reviewed the complaints file and saw that the complaints had been thoroughly and promptly investigated, and responded to in a timely manner in line with the practice's complaints policy. Staff also sought and followed advice from their professional indemnity organisation where appropriate. Learning from the complaints had been shared at staff meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and governance arrangements in place. The principal dentist explained to us the practice's expectations of staff. Staff reported that all senior staff were approachable and helpful.

Several patients commented positively on the professionalism and high standards of the dentist and all the practice staff.

Staff were aware of the importance of confidentiality. Dental care records were complete and accurate. They were maintained digitally and securely stored. All computers were password protected and the computer was backed up daily.

The practice had policies and procedures in place and these were regularly reviewed and accessible to staff. We saw evidence that most policies were being followed. The induction process for new staff included staff signing to confirm they had read and understood the policies.

The practice had a recruitment policy and procedures in place, however they were not in accordance with current regulations.

The practice had an overarching health and safety policy which detailed arrangements to identify, record and manage risks, with several risk specific policies, for example manual handling.

We reviewed audits of infection control, X-rays and record keeping and saw actions resulting from these were followed up.

Leadership, openness and transparency

All staff we spoke to described an open and transparent culture which encouraged candour and honesty. Staff told us they would be comfortable in raising concerns with the dentist or practice manager and felt they would be listened to.

The practice held special staff meetings following incidents and complaints in order to share learning identified.

The principal dentist had a clear vision for the practice as evidenced in the practice's statement of purpose. The statement of purpose set out the following objectives: to promote good oral health to all patients attending the practice; to provide high quality dental care; to understand and meet the needs of patients and involve them in decisions about their care; to involve other professionals in the care of their patients; to participate in local initiatives to promote the benefits of general and oral health to the wider population; to ensure that all members of the team have the right skills and training to carry out their duties and to ensure an awareness of current national guidelines.

We saw evidence that the practice was delivering care in accordance with most of the objectives in the practice's statement of purpose.

Learning and improvement

The practice shared learning from audits, complaints and patient and staff feedback. We saw evidence of this in staff meeting minutes.

We saw evidence of repeat audits at appropriate intervals and these reflected improvements were being made.

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

The practice gathered feedback from patients in the form of a patient satisfaction survey. The most recent one concluded that patients were very satisfied with the service and no issues were raised for the practice to address.

Staff told us they felt able to raise ideas and concerns with the dentist and practice manager. Staff reported being happy in their roles, well supported by colleagues and always able to seek clarification and assistance if they were unsure of any of their duties.

The practice used a secure group mobile messaging service which facilitated communication and engagement between practice staff as all staff worked different hours and days, occasionally making it difficult to arrange regular staff meetings. Staff demonstrated the use of this, for example, in reminding each other of specific tasks and in bringing general information to the attention of all staff.