Broadbank Dental (Dental Practice) Ltd

Broadbank Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Broadbank Dental is a single handed private dental practice in the market town of Louth. The practice is situated close to the town centre with its own car park. The practice is in a building that has been adapted for the purpose of dentistry and has a reception area with a wheelchair friendly desk and two treatment rooms. There is a separate waiting room with high back chairs and chairs with arm rests to enable ease of use for those with limited mobility. There are two treatment rooms (one the ground floor), a decontamination room, a public toilet, staff toilet, an office and a staff room. The practice has plans to expand into the car park area subject to local council approval. The building is accessed from the street and there are four steps up to the main entrance. For those patients with limited mobility, wheelchair access, or pushchairs access to the practice is via the rear entrance through the car park and a portable ramp would be used.

There is one dentist that currently works full time alongside one full time hygienist, a part time hygienist, three part time dental nurses and two part time reception staff.

The dentist is the owner and registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice provides private dental treatment to adults and children. The practice is open Monday to Friday from 9am and closes at 5.30pm other than Wednesday when it closes at 5pm and Friday when it closes at 4pm.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 50 patients about the services provided. The feedback reflected highly positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that it was caring and friendly. They said that they found the staff offered an efficient and professional service and had high confidence in the team. They said that staff were polite, helpful and obliging. Patients said that explanations about their treatment were clear and that they were given time and all options were fully explained. Much of the feedback was in relation to patients who were nervous and they commented how the staff were understanding and patient; they were made to feel at ease and that any questions were answered.

Our key findings were:

- There was a process in place for reporting and learning from incidents, accidents and near misses.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review the frequency of testing of fire detection and fire fighting equipment.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and incidents.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had carried out infection control audits six monthly in line with national guidance.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them were discussed.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. Urgent referrals were made by recorded delivery and the dentist telephoned directly to ensure that these referrals were received.

Not all staff had received specific training in the Mental Capacity Act (MCA) 2005, however staff that we spoke with had an understanding of the MCA and were able to explain to us how the MCA principles applied to their roles. The provider was aware of the assessment of Gillick competency in young patients and there was a policy in place for this. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided wholly positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patient's feedback told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients of this practice been seen within 24 hours were necessary.

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

The practice was well equipped. The waiting area in reception had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice was accessible for people that used a wheelchair or those patients with limited mobility via an entrance at the back of the practice which had a portable ramp that would be put down by reception staff who noted on patient records who would be in need of this. Appointments would be held for these patients in the ground floor treatment room.

The practice did not have a toilet that was fully accessible for those in a wheelchair due to size restrictions of the room and corridor, however there was a grab rail to assist people with limited mobility.

The practice had surveyed patients in 2015 however there was no suggestion box or ways that patients could easily feedback any comments or suggestions.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. Appraisals had not been formally documented on an annual basis and were done on a more informal basis, however there were personal development plans in place for staff which identified areas for development and training needs. The provider said that they would formalise the appraisals for the future.

We saw that practice meetings were regular and that these were minuted.

Broadbank Dental

Detailed findings

Background to this inspection

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

The inspection took place on 3 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the provider, hygienist, dental nurses and receptionist and reviewed policies, procedures and other documents. We reviewed 49 comment cards that we had left prior to the inspection for patients to complete; about the services provided at the practice and spoke with one patient.

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 procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from incidents and accidents. There were forms available for staff to complete which included actions to prevent reoccurrence and learning.

There was an accident book where staff would record accidents such as needle stick injuries. There had been accidents reported, the last in 2014 which was were a patient had tripped on the stairs. The incident had been investigated and appropriate steps had been taken. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the provider if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had not received any complaints. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception for any concerns in relation to safeguarding of children or adults however these did not include telephone numbers. This could be accessed from the policy in the folder. From records viewed we saw that staff at the practice had completed training in safeguarding adults and children applicable to their roles. The provider was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with where clear on different organisations they could raise concerns with for example, the General Dental Council or the Care Quality Commission if they were not able to go directly to the provider. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

We spoke to the provider about root canal treatment and we were told that it was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

The practice had an up to date employer's liability insurance certificate which was due for renewal November 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

There were suitable arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates were monitored by the practice using a monthly check sheet. We were told that the equipment including the oxygen and AED were also checked however there were no records to confirm this. The provider said that this would be incorporated into other checks made in relation to fire alarm checks. The provider forwarded evidence of new recording sheets following the inspection to support this. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support.

Staff recruitment

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body.

Are services safe?

The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. The practice had a recruitment policy which described the process when employing new staff. The staff that were employed had worked for the provider for a number of years and other newer staff had been approached for their skills and suitability to the practice rather than the vacancies being advertised. As the provider knew the staff personally or they had been recommended by other practices, references had not been recorded either verbally or in writing. There was no proof of their identity however the provider had checked their skills and qualifications and registration with professional bodies where relevant. We saw that not all staff members had a Disclosure and Baring Service (DBS) check in place. These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The provider had risk assessed all staff as to whether a Disclosure and Barring Service check was necessary. This had been assessed due to the knowledge of the staff, and the fact that the staff members were never on their own with patients, the hygienist and dentist were supported by a chaperone in the form of a dental nurse at all times. This risk assessment would be reviewed in the future in relation to new staff members.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff which was documented within the staff files of staff that we reviewed.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies including a well-maintained Control of Substances Hazardous to Health (COSHH) file. The practice had not carried out risk assessments including fire safety, health and safety and legionella. We spoke to the provider in relation to this and all these were completed the week following the inspection.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This helped to ensure that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. However records showed that this was not done regularly and the provider said that this would be done at monthly intervals in the future. The fire equipment was checked by an external company and last checked in March 2015.

Systems, policies and procedures were in place to manage risks at the practice. 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. This did not include any contact details although contact numbers for staff were in staff member's telephones and other numbers were recorded in a diary at reception. The business continuity plan was held in paper form in the practice and electronically and we discussed this with the provider in relation to staff knowing how to access it if they were not able to get into the practice or onto the computer system. The provider said that they would look at this.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice employed a cleaner who came in each day and was responsible for the general cleaning of the practice. The dental nurses were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures with the last audit having taken place in January 2016.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment rooms and the decontamination room.

Are services safe?

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used safe-style needles used to reduce the risk of needle stick injury. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination however these were not highlighted as such. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. All the equipment had been regularly serviced and maintained in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Equipment checks were being completed where relevant and service agreements were in place were required. Portable appliance testing had been carried out in 2014 by a qualified engineer. A policy was in place which stated ongoing assessment of appliances and the frequency that this would be conducted. This included an inspection by a qualified engineer every two years. This was booked to take place in March 2016. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were located in the rooms where X-rays were carried out.

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. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance for this equipment was completed at the recommended intervals.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The provider carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The provider used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The risk factors which the dentist took into account were dental decay, gum disease and tooth wear. These risk factors were documented and also discussed with the patient.

During the course of our inspection we discussed general patient care with the provider and hygienist and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

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 FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that clinical staff had given oral health advice to patients. The reception area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

The practice were training their dental nurses in oral health education, there were plans for further training on instruction which would allow them to go into schools and deliver oral hygiene in the future.

Staffing

The practice consisted of one dentist and a full time hygienist who was supported by one part time hygienist and three part time dental nurses. The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hour's staff had undertaken and training certificates were also in place. We saw that staff had completed feedback sheets after training sessions to say how training would be implemented into their roles.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice did not have procedures for appraising staff performance. As the team were small the discussions were done more on an ad hoc informal basis although there were personal development plans in place for staff highlighting training and areas for development. The provider said that they would be formulising the appraisals that were currently taking place. We observed a friendly atmosphere at the practice. Staff told us that the provider was supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice

Are services effective?

(for example, treatment is effective)

showed that referrals were made in a timely way. Letters would be sent and for urgent referrals the dentist would telephone the oral surgeon to arrange the appointment and follow up with the referral sent by recorded delivery. The letters were attached to the patient record. The practice would book a follow up appointment at the time of making the referral.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and verbal consent was received and recorded. The provider was also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Not all staff had received specific training in the Mental Capacity Act (MCA) 2005, however staff that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The main reception area was away from the waiting area which helped to maintain confidentiality and there was music playing to also assist with this. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients, and to maintain confidentiality a separate area could be used for personal discussions. .

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 49 completed CQC patient comment cards. These provided a highly positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and that they felt comfortable and at ease. They said that staff were friendly and that a professional service was provided. They also said that the reception staff were always caring and helpful. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing costs to private plans was displayed in the waiting area. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflets and complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours. The practice were part of a group that provided on call and emergency cover for annual leave and if necessary patients would be able to attend one of three other practices in Lincolnshire.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. However a disability audit had not taken place looking at the access to the practice and assessing if any improvements could be made. The practice had close circuit television which meant that reception staff could see patients arriving and would then be able to provide assistance if required.

The practice did not use a translation service however this had not been a problem. The provider said that if necessary there were translation service details available and would also use the internet to translate. There was level access into the building via ramped access at the back of the building however the toilet facilities due to building restrictions were not disabled facilities.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. We were shown that emergency slots were kept each day for those patients that were in pain and that patients would be seen within 24 hours if necessary.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback mostly confirmed that they were happy with the availability of routine and emergency appointments.

The practice was open Monday to Friday from 9am to 5.30pm other than Wednesday when the practice closed at 5pm and Friday when it closed at 4pm.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice had not received any complaints but we were told that if they did any learning would be discussed at practice meetings. Information for patients about how to make a complaint was seen in the practice leaflet and poster in reception.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a signing sheet that all staff had completed to say that they had read and understood the policies and procedures. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to if they did raise a concern. Staff told us they enjoyed their work and were well supported.

It was apparent through our discussions with the staff that the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Staff told us there were practice meetings which were documented for those staff unable to attend.

Learning and improvement

Practice meetings were held and were minuted. We saw that discussions were held in relation to infection control, training and how the practice was progressing in relation to waiting list and building of patient base.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning.

We found that clinical and non-clinical audits were taking place at the practice including infection control, record keeping and X-ray quality. We saw that results from audits were looked at and commented on and if necessary actions would be implemented.

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

Staff told us that patients could give feedback at any time they visited. The practice did not have a suggestion or comment box however there had been a survey of patients experience in 2015 and we saw a poster that had been displayed showing the positive results of the survey.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.