

Dr Neesha Kaushal

Quarry House Dental Practice

Inspection Report

Quarry House
Leeds
West Yorkshire
LS2 7PD
Tel: 0113 232 7876
Website:

Date of inspection visit: 14 October 2016
Date of publication: 14/11/2016

Overall summary

We carried out an announced comprehensive inspection on 14 October 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

Quarry House Dental Practice is situated in Leeds, West Yorkshire. The practice is based in Quarry House which houses offices for the Department of Health and the Department for Work and Pensions.

The practice only offers appointments to staff working at Quarry House and their families and this includes NHS dental treatments and private treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has one surgery, a waiting area and a reception area. There are accessible toilet facilities available. The practice is fully accessible for patients with limited mobility as lifts are available within Quarry House.

There are two dentists, one dental hygienist, two dental nurses, one receptionist and a practice manager.

The opening hours are Monday from 8-45am to 4-00pm, Tuesday from 8-45am to 4-45pm, Wednesday from 8-45am to 3-00pm, Thursday from 9-00am to 1-00pm (hygienist service only) and Friday from 8-45 to 5-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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. The practice manager is currently applying to be the registered manager.

Summary of findings

During the inspection we received feedback from four patients. The patients were positive about the care and treatment they received at the practice. Comments included everything was explained well, they were made to feel at ease and they felt listened to.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.

- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.

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

- Review the storage of glucagon to ensure it is in line with the manufacturer's guidance.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We noted the glucagon was not stored in the fridge and the practice had not reduced the expiry date accordingly.

X-ray equipment was serviced in line with the manufacturer's guidance. Local rules were available within the surgery. We noted X-rays were not always justified in the dental care records.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. We noted the protein residue test was only completed on a monthly basis. This should be completed on a weekly basis. Data from the autoclave was sporadically downloaded. This should be done on a weekly basis and recorded.

No
action


Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

No
action


Are services caring?

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

No
action


Summary of findings

During the inspection we received feedback from four patients. Patients commented staff were helpful and polite. Patients also commented everything was explained well, they were made to feel at ease and were listened to.

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was fully accessible for patients in a wheelchair or with limited mobility to access treatment.

**No
action**



Are services well-led?

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

There was a clearly defined management structure in place and staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The practice owners were the clinical leads within the practice.

Information was shared both informally through day to day interactions with staff and by practice meetings. The practice manager kept a log of what had been discussed at the informal meetings.

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

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

**No
action**



Quarry House Dental Practice

Detailed findings

Background to this inspection

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

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

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

During the inspection we received feedback from four patients. We also spoke with one dentist, one dental nurse,

the receptionist, the practice manager and the registered provider. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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. Staff were familiar with the importance of reporting significant events. One significant event had occurred in the last 12 months. This had been well documented, analysed and action taken to reduce the risk of it occurring again. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle re-sheathing device, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments). The clinical staff were aware of the sharps procedure.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be

used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised, password protected and regularly backed up to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF. We noted the glucagon was stored out of the fridge in the medical emergency kit. The manufacturer's guidance on this is if it is not kept between 2 degrees centigrade and 8 degrees centigrade then it can be kept for 18 months from the delivery date. The expiry date had not been altered but the glucagon was still in date.

The practice had an Advisory 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 and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed weekly checks were carried out on the AED and oxygen cylinder. The emergency medicines were checked monthly. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed.

Are services safe?

The practice manager told us they 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. We reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included slips and trips, the use of pressure vessels and the use of compressed gas.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice manager was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. Staff were only responsible for cleaning the surgery. There was an agreement with the owners of the building for the cleaning of the other areas of the practice. Appropriate documentation was kept relating to the cleaning of each area.

There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was stored securely for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the surgery. One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave (a device for sterilising dental and medical instruments). Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. The dental nurse was aware that no procedures which could cause exposure to an aerosol (opening of decontamination equipment) must take place whilst a patient is in the room. The surgery had clearly defined clean and dirty zones. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear. We were told the practice was intending on installing a separate sterilisation room. They had put in an application to the owners of the building to enable them to do this but the application was still going through. They were not allowed to make any

Are services safe?

material changes to the premises without prior approval. The practice manager and the registered provider were aware that carrying out decontamination procedures in the surgery was not ideal but were unable to move towards best practice without permission from the owners of the building.

The practice had systems in place for the quality testing the decontamination equipment. We noted the protein residue test was only carried out every month. This test should be done on a weekly basis. We were also told the data of the autoclave cycles was downloaded sporadically. It is suggested this is downloaded on a weekly basis. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in April 2016 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.

We were told that a risk assessment for Legionella had been carried out by the owners of the building (Legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff told us the maintenance team for the building were responsible for carrying out processes to reduce the risk of Legionella developing. In addition to these the practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monthly temperature checks on hot and cold water supplies.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager maintained a comprehensive list of all equipment including dates when

equipment required servicing. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in June 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue.

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 the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed. We saw a grade and a report was documented in the dental care records for all X-rays which had been taken. We noted a justification was not always recorded for each X-ray taken. This was highlighted to the dentist on the day and we were told this would be done from now on.

The practice used an automated X-ray developing machine. X-ray developing fluids were regularly changed to ensure X-rays which were developed were of optimum quality. These measures reduce the likelihood of having to retake X-rays due to developing issues.

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

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. An assessment was carried out 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. NICE guidance was used to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. 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 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, guidance from the FGDP was followed before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

Staff were aware of preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new recruit aware of the practice policies, issues relating to confidentiality, the location of the emergency kits and fire evacuation procedures. We saw evidence of completed induction checklists in the personnel files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The practice manager told us they were due to carry out appraisals for employed members of staff. These had not yet been completed as the registered provider had owned the practice for less than a year.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. Patients would be given a choice of where they could be referred and the option of being referred privately for treatment.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Are services effective?

(for example, treatment is effective)

The practice maintained a log of all referrals which had been sent. This allowed them to actively monitor their referrals.

Consent to care and treatment

Patients were given 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. The dentist 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 had completed training and had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told individual treatment options, risks, benefits and costs were discussed with each patient. We saw evidence within the dental care records that options had been discussed including the risks and benefits of each option.

Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients would be given time to consider and make informed decisions about which option they preferred. The dentist was aware a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and not disclosing any personal details during conversations at the reception desk.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

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 in the practice information leaflet and on notices in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We were told the practice had adjusted their lunchtimes to be earlier so they could accommodate the patients to attend during their own lunchtimes. We were also told the practice would stay open late to see patients after they had finished work in the building. This avoided staff in the building having to take time off work to attend dental appointments. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. The practice was located within a large building. There were lifts available to the floor where the practice was situated. There were accessible toilet facilities within the dental practice. The surgery was large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours on the premises and in the practice information leaflet. The opening hours are Monday from 8-45am to 4-00pm, Tuesday from 8-45am to 4-45pm, Wednesday from 8-45am to 3-00pm, Thursday from 9-00am to 1-00pm (hygienist service only) and Friday from 8-45 to 5-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. 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. Staff told us they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy and to the patient's satisfaction. The practice manager kept a log of any complaints which had been raised. This included any actions which had been taken and any learning which had been made. We saw as a result of a particular complaint that an online appointment booking service had been implemented.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

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

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice were currently holding quarterly staff meetings. These meetings were minuted for those who

were unable to attend. We were also told as the team was very small they would discuss matters informally at lunch times. The practice manager kept a log of any matters which were raised at these informal chats.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records, X-rays and infection prevention and control. We looked at the audits and saw the practice was performing well.

Staff told us they had access to training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. For example, the practice organised in house training for medical emergencies and infection control.

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

We saw historically a patient satisfaction survey had been completed. Since the new registered provider had taken over a new survey had not yet been completed. We were told one would be completed as soon as possible.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 93% of patients asked said that they would recommend the practice to friends and family.