Bupa Occupational Health Limited

Bupa Dental Centre - Sheffield

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 November 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

Bupa Dental Care - Sheffield is situated in Sheffield city centre. It offers private dental treatment to patients of all ages. The services provided include routine and advanced restorative dental care, preventative advice and treatment, orthodontics and specialist periodontal treatment.

The practice has three surgeries, a decontamination room, two waiting areas and a reception area. On the ground floor of the premises there is one surgery, the reception area, a waiting area and disabled toilet facilities. On the first floor of the premises there are two surgeries, a relaxation room and another waiting area. There is step free access to the ground floor of the premises.

There are four dentists, three dental nurses (who also cover reception duties), a dedicated dental nurse, a dental hygienist and a practice manager.

Summary of findings

The opening hours are Monday 9-00am to 7-30pm, Tuesday to Thursday 9-00am to 5-00pm and Friday 8-00am to 5-30pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, 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.

On the day of inspection eight patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect, informed of treatment options including costs and were made to feel comfortable and relaxed.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
- Patients were treated with care, respect and dignity.
- The appointment system met patients' needs.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

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

- Aim to record the daily automatic control test for the autoclaves.
- Have a safeguarding lead in the practice.
- Aim to document discussions about treatment options in the dental care records.
- Aim to conduct staff appraisals on an annual basis.

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 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been one incident in the last 12 months. This had been recorded and reflected upon by the practice and actions had been taken as a result of the incident to prevent it happening again. If patients were involved then they would be given an apology and informed of any actions as a result of the incident.

Staff had received training in safeguarding patients and knew the signs of abuse and who to report them to. However, there was no dedicated safeguarding lead in the practice.

The 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.

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 followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). 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 supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We reviewed feedback from eight patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given. However, discussions about treatment options were not always documented in the dental care records.

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Summary of findings

Are services responsive to people's needs?

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

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.

Patients could access routine treatment and urgent care when required and at a time which suited them. The practice offered same day emergency appointments which enabled patients to receive treatment in a timely manner.

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

There were good arrangements in place to share information with staff by means of monthly practice meetings and nurse meetings which were minuted for those staff unable to attend.

Bupa Dental Centre - Sheffield

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 was led by a CQC inspector who had access to remote advice from a specialist advisor.

During the inspection we spoke with two patients, one dentist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence of an incident which had occurred within the last year. This had been documented, investigated, appropriate action taken and was reflected upon by the practice. As a result of the incident, the practice had installed a security system to enter the building.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were discussed with staff at practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Staff were knowledgeable about the different kinds of abuse and how to recognise these. There was no safeguarding lead in the practice. However, persons within the organisation who had advanced training in safeguarding were available for staff to discuss concerns. We discussed with the practice manager about having a dedicated safeguarding lead within the practice. It was decided that they would take the lead for safeguarding within the practice. There had not been any referrals to the local safeguarding team; however, they were confident about when to do so.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and the use of a safety needle system.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' records were accurate, complete, legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had a policy and procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support as a team within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the decontamination room. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly and monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. These including checking that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date.

Staff recruitment

Staff recruitment was dealt with by the head office. When the practice needed a new member of staff they contacted the head office to advertise for applicants. We were told that the recruitment checks involved seeking two references, proof of identity and checking relevant professional qualifications. The recruitment documentation was stored at the head office although recently they had started to store these documents on site. We saw the staff file of a recently employed member of staff and saw that all the relevant checks had been undertaken. It was evident that a robust recruitment process had been undertaken to ensure staff were suitably qualified to carry out their duties.

Are services safe?

The practice manager told us that the head office 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 that all checks were in place.

All clinical staff at this practice were 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

The practice carried out quarterly health and safety risk assessments, monthly walk round risk assessments and an annual risk assessment was carried out by a specialist health and safety company. This helped the practice identify any potential risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified remedial action had been taken in a timely manner.

There were also policies and procedures in place to manage other risks at the practice. These included infection prevention and control, fire evacuation procedures, use of the autoclaves and risks associated with Hepatitis B.

The practice had recently introduced a computerised database relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, dental materials, blood and saliva. This 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. This was available to all staff. If a new substance was introduced into the practice then it could be easily added to the database. This was to be reviewed on an annual basis by the head office and the practice would be informed of any updates.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, 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 had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

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

We observed the treatment rooms and the decontamination 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. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. 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 separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in clean and dirty decontamination rooms in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic machine to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. Once the instruments had been decontaminated in the ultrasonic machine they were

Are services safe?

passed through to the clean room where they were sterilised in the autoclave. Staff wore appropriate PPE during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear.

The practice had some systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, we did note that the automatic control test was not recorded for the autoclaves. HTM 01-05 states that the automatic control test should be recorded on a daily basis. We were told that the automatic control test was done however, it was not recorded. They did conduct a steam penetration test on an empty cycle at the beginning of the day. We discussed this with the practice manager who told us that the automatic control test would be documented on a daily basis for each autoclave.

The practice had carried out the self- assessment audit in June 2015 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.

Records showed a risk assessment process for Legionella had been carried out in July 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month and using water conditioning agents in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, the ultrasonic bath and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of regular servicing of the autoclave and X-ray machines.

Portable appliance testing (PAT) had been completed in August 2015 (PAT confirms that electrical appliances are routinely checked for safety).

The practice provided patients with private prescriptions when required. They did not keep any medicines other than medical emergency drugs and local anaesthetics on the premises.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced when necessary.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

Formal X-ray audits were carried out every year. This involved assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken in July 2015 confirmed they were generally performing well. Each surgery also had an X-ray folder in which all X-rays which had been taken were recorded and graded. This allowed the practice to continually assess the quality of the X-rays and any issues would be picked up sooner.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. During the course of our inspection we discussed patient care with the dentist 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. This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. For example, patients at higher risk of gum disease were recalled more frequently for a scale and polish and further oral hygiene advice.

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 its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP (selection criteria for dental radiography) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray and a report was recorded in the patient's care record.

Health promotion & prevention

The practice had a focus on 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 practice applied fluoride varnish and provided oral health information to all children who attended for an examination.

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

Patients were given appropriate advice regarding maintaining good oral health. This included brushing, interdental cleaning and dietary advice. Patients confirmed that this was done.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist told us and showed us in the dental care records that smoking cessation advice was given to patients who smoked. This included making the patient aware of the oral complications which may arise as a result of smoking. 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. This included informing the new member of staff of the location of the medical emergency kits and the fire evacuation procedures. We saw evidence of the induction procedure having taken place for the newest member of staff.

Staff told us they had good access to ongoing 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). Staff had access to the registered provider's online training system which helped them keep up to date with their CPD requirements.

Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to for support and advice.

The dental nurses last had appraisals in October 2013. The practice had aimed to complete these on an annual basis; however, they had not been conducted last year due to a changeover of practice manager. The current practice manager had recently attended a course on how to conduct an effective appraisal. They were planning on completing all the dental nurse appraisals by the end of November 2015.

All of the dentists received an annual appraisal with the BUPA clinical lead. This involved an audit of their clinical

Are services effective?

(for example, treatment is effective)

records and also a clinical observation where the clinical lead sits in on the dentist treating a patient. After the observation the clinical lead provides feedback to the dentist and any areas for improvement are discussed and a personal development plan formulated for the 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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Patients with a suspected malignancy were referred to a two week wait list for urgent attention. A copy of the referral letter was kept in the patient's electronic dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The dentist talked us through the process of providing patients with sufficient information including using X-rays and models to describe treatment options. There was a good selection of information leaflets in the waiting room to inform patients about different treatments. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Staff were aware that consent could be removed at any time.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. Staff and patients told us that treatment options, risks, benefits and costs were discussed. However, we saw that these discussions were not always fully documented by some of the dentists. We discussed this with the practice manager and we were told that this would be passed on to the BUPA clinical lead for further investigation.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. For example, surgery doors were always closed when patients were being treated. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to a secure storage system.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. The dentist told us of the importance of involving patients in decision making as this was paramount to a robust consent process. There was also a wide selection of information leaflets in the waiting room describing different treatments. The practice website also provided a wealth of information for patients to access about different treatment options.

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. They displayed a list of charges associated with treatments in the waiting room and this was also included in an information pack which was given to patients at their first appointment. This information pack also includes information about Bupa's dental plan, information which is relevant to the patient's treatment plan, an invoice and an estimate for the proposed treatment.

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 that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist.

Patients commented they had sufficient time during their appointment and they were not rushed. Patients also told us that they would access appointments at times which suited them. 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. Reasonable adjustments had been made to the premises to accommodate patients with disabilities. These included step free access to the premises, disabled toilet facilities and a ground floor surgery which was large enough to accommodate a wheelchair.

Access to the service

The practice displayed its opening hours in the premises, on the practice website and in the information pack which all patients were given at their first consultation. The opening hours are Monday 9-00am to 7-30pm, Tuesday to Thursday 9-00am to 5-00pm and Friday 8-00am to 5-30pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed patients experiencing a dental emergency were given details of whom to contact on a recorded message on the practice's telephone answering machine.

Concerns & complaints

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

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within one working day of its receipt and providing a formal response within 20 working days. If the practice was unable to provide a response within 20 working days then the patient would be made aware of this.

Information for patients about how to raise a concern was available in the waiting room and on the practice website. This included contact details of external organisations for patients who were not satisfied with the response given by the practice.

We reviewed three complaints which had been received in the past 12 months and these had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient. We were told that the patients had been satisfied with the outcome of their complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. 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 a proactive 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. We saw that quarterly health and safety audits were undertaken by the practice to identify any areas which could pose a risk to staff or patients. Every year an external health and safety team conducted a review of the premises and we saw that any suggestions were acted on. The practice manager also attended a national meeting every three months with the BUPA health and safety lead which includes updates on health and safety issues.

There were a range of policies and procedures in use at the practice. The practice held monthly staff meetings involving all staff where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that 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 they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. There was a notice displayed in the staff room with information about who to contact if staff had concerns with other members of staff. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

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 of clinical records, X-rays and infection control. The results of the clinical record audits were sent to the BUPA clinical lead to be checked and an action plan was formulated. Every year the BUPA clinical lead conducted a clinical observation for each of the dentists which involved observing the dentist performing a clinical procedure. After the observation the BUPA clinical lead provided feedback to the dentist and also discussed the results of the clinical record audit.

Staff told us they had access to training via the BUPA online training system and in house training courses. This was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice held monthly staff meetings where training was discussed and learning was disseminated.

The practice aimed to complete the appraisals for the dental nurses every year. However, because there had been a changeover of practice manager, the appraisals for last year had been missed. The new practice manager told us that they had recently attended a course to enable them to undertake appraisals. They intended to complete all staff appraisals by the end of November 2015. We saw appraisal sheets and these covered topics including training and improvement.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out a rolling patient satisfaction survey. Patients who had had a check-up were sent an e-mail to provide feedback on the practices performance. The patient satisfaction survey covered areas such as cleanliness and

Are services well-led?

comfort, appointment booking time and the overall confidence in the dental team. The results of the survey were held by the head office and the practice received quarterly results.

The practice also conducted an annual staff happiness survey. This was to enable staff to provide feedback on their overall happiness with the management. The managers were provided with feedback on the results of this survey as part of their appraisal.